District Health Society Siwan

District Health Action Plan

2010-2011

Developed & Designed

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Foreword

National Rural Health Mission aims at strengthening the rural health infrastructures and to improve the delivery of health services. NRHM recognizes that until better health facilities reaches the last person of the society in the rural India, the social and economic development of the nation is not possible.

The District Health Action Plan of Siwan district has been prepared keeping this vision of mind. The DHAP aims at improving the existing physical infrastructures, enabling access to better health services through hospitals equipped with modern medical facilities, and to deliver with the help of dedicated and trained manpower. It focuses on the health care needs and requirements of rural people especially vulnerable groups such as women and children. The DHAP has been prepared keeping in mind the resources available in the district and challenges faced at the grass root level. The plan strives to bring about a synergy among the various components of the rural health sector. In the process the missing links in this comprehensive chain have been identified and the Plan will aid in addressing these concerns. The plan has attempts to bring about a convergence of various existing health programmes and also has tried to anticipate the health needs of the people in the forthcoming years.

The DHAP has been prepared through participatory and consultative process wherein the opinion the community and other stakeholders have been sought and integrated. I am grateful to the Department of Health, Government of Bihar for providing the leadership in the preparation of this plan and also in the implementation of other health programmes. The medical personnel and staff of DH/PHCs/APHCs/HSCs gave vital inputs which were incorporated into this document.

I am sure the DHAP and its subsequent implementation would inspire and give new momentum to the health services in the District of Siwan.

(Bala Murugan D)
(IAS)
District Magistrate-Cum-
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About the Profile

Even in the 21st century providing health services in villages, especially poor women and children in rural areas, is the bigger challenge. After formation of National Rural Health Mission, we are doing well in this direction. Launching Muskan- Ek Abhiyan we are try to achieve 100% immunization and Anti Natal Care. Janani Evam Bal Suraksha Yojana is another successful program that is ensuring safe institutional delivery of even poor and illiterate rural women. Like wise several other programs like RNTCP, Pulse Polio, Blindness control, Leprosy eradication are running and reaching up to last man of society. But satisfaction prevents progress. Still, we have to work a lot to touch miles stones. In this regard sometime, I personally felt that planning of any national plan made at center lacks local requirements and needs. That is why, despite of hard work, we do not obtain the optimum results. The decision of preparing District Health Action Plan at District Health Society level is good.

Under the National Rural Health Mission the District Health Action Plan of Siwan district has been prepared. From this, the situational analysis the study proceeds to make recommendations towards a policy on workforce management, with emphasis on organizational, motivational and capability building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It looks at how the facilities at different levels can be structured and reorganized.

The information related to data and others used in this action plan is authentic and correct according to my knowledge as this has been provided by the concerned medical officers of every block. I am grateful to the DHS consultants, ACMO, MOICs, Block Health Managers, ANMs and AWWs from their excellent effort we may be able to make this District Health Action Plan of Siwan District.

I hope that this District Health Action Plan will fulfill the intended purpose.

Dr. Bhairaw Prasad
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Chapter-1

Introduction

1.1 Background

Keeping in view health as major concern in the process of economic and social development revitalization of health mechanism has long been recognized. In order to galvanize the various components of health system, National Rural Health Mission (NRHM) has been launched by Government of India with the objective to provide effective health care to rural population throughout the country with special focus on 18 states which have weak public health indicators and/or weak infrastructure. The mission aims to expedite achievements of policy goals by facilitating enhanced access and utilization of quality health services, with an emphasis on addressing equity and gender dimension. The specific objectives of the mission are:

- Reduction in child and maternal mortality
- Universal access to services for food and nutrition, sanitation and hygiene, safe drinking water
- Emphasis on services addressing women and child health; and universal immunization
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary health care
- Revitalization local health traditions and mainstreaming of AYUSH

One of the main approaches of NRHM is to communities, which will entail transfer of funds, functions and functionaries to Panchayati Raj Institutions (PRIs) and also greater engagement of Rogi Kalyan Samiti (RKS). Improved management through capacity development is also suggested. Innovations in human resource management are one of the major challenges in making health services effectively available to the rural/tribal population. Thus, NRHM proposes ensured availability of locally resident health workers, multi-skilling of health workers and doctors and integration with private sector so as to optimally use human resources. Besides, the mission aims for making untied funds available at different levels of health care delivery system.

Core strategies of mission include decentralized public health management. This is supposed to be realized by implementation of District Health Action Plans (DHAPs) formulated through a participatory and bottom up planning process. DHAP enable village, block, district and state level to identify the gaps and constraints to improve services in regard to access, demand and quality of health care. In view with attainment of the objectives of NRHM, DHAP has been envisioned to be the principle instrument for planning, implementation and monitoring, formulated through a participatory and bottom to up planning process. NRHM-DHAP is anticipated as the cornerstone of all strategies and activities in the district.

For effective programme implementation NRHM adopts a synergistic approach as a key strategy for community based planning by relating health and diseases to other determinants of good health such as safe drinking water, hygiene and sanitation. Implicit in this approach is the need for situation analysis, stakeholder involvement in action planning, community mobilization, inter-sectoral convergence, partnership with Non Government Organizations (NGOs) and private sector, and increased local monitoring. The planning process demands stocktaking, followed by planning of actions by involving program functionaries and community representatives at district level.

Stakeholders in Process

- *Members of State and District Health Missions*
- *District and Block level programme managers, Medical Officers.*
- *State Programme Management Unit, District Programme Management Unit and Block Program Management Unit Staff*
- *Members of NGOs and civil society groups (in case these groups are involved in the DHAP formulation)*
- *Support Organisation – PHRN and NHSRC*

Besides above referred groups, this document will also be found useful by public health managers, academicians, faculty from training institutes and people engaged in programme implementation and monitoring and evaluation.

1.2 Objectives of the Process

The aim of this whole process is to prepare NRHM – DHAP based on the framework provided by NRHM-Ministry of Health and Family Welfare (MoHFW). Specific objectives of the process are:

- ⇨ To focus on critical health issues and concerns specifically among the most disadvantaged and under-served groups and attain a consensus on feasible solutions
- ⇨ To identify performance gaps in existing health infrastructure and find out mechanism to fight the challenges
- ⇨ Lay emphasis on concept of inter-sect oral convergence by actively engaging a wide range of stakeholders from the community as well as different public and private sectors in the planning process
- ⇨ To identify priorities at the grassroots and curve out roles and responsibilities at block level in designing of DHAPs for need based implementation of NRHM

1.3 Process of Plan Development

1.3.1 Preliminary Phase

The preliminary stage of the planning comprised of review of available literature and reports. Following this the research strategies, techniques and design of assessment tools were finalized. As a preparatory exercise for the formulation of DHAP secondary Health data were complied to perform a situational analysis.

1.3.2 Main Phase – Horizontal Integration of Vertical Programmes

The Government of the State of Bihar is engaged in the process of re – assessing the public healthcare system to arrive at policy options for developing and harnessing the available human resources to make impact on the health status of the people. As parts of this effort present study attempts to address the following three questions:

1. How adequate are the existing human and material resources at various levels of care (namely from sub – center level to district hospital level) in the state; and how optimally have they been deployed?

2. What factors contribute to or hinder the performance of the personnel in position at various levels of care?

3. What structural features of the health care system as it has evolved affect its utilization and the effectiveness?

With this in view the study proceeds to make recommendation towards workforce management with emphasis on organizational, motivational and capacity building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It also commends at how the facilities at different levels can be structured and organized.

The study used a number of primary data components which includes collecting data from field through situation analysis format of facilities that was applied on all HSCs and PHCs of Vaishali district. In addition, a number of field visits and focal group discussions, interviews with senior officials, Facility Survey were also conducted. All the draft recommendations on workforce management and rationalization of services were then discussed with employees and their associations, the officers of the state, district and block level, the medical profession and professional bodies and civil society. Based on these discussions the study group clarified and revised its recommendation and final report was finalized.

Government of India has launched National Rural Health Mission, which aims to integrate all the rural health services and to develop a sector based approach with effective intersect oral as well as intra sect oral coordination. To translate this into reality, concrete planning in terms of improving the service situation is envisaged as well as developing adequate capacities to provide those services. This includes health infrastructure, facilities, equipments and adequately skilled and placed manpower. District has been identified as the basic coordination unit for planning and administration, where it has been conceived that an effective coordination is envisaged to be possible.

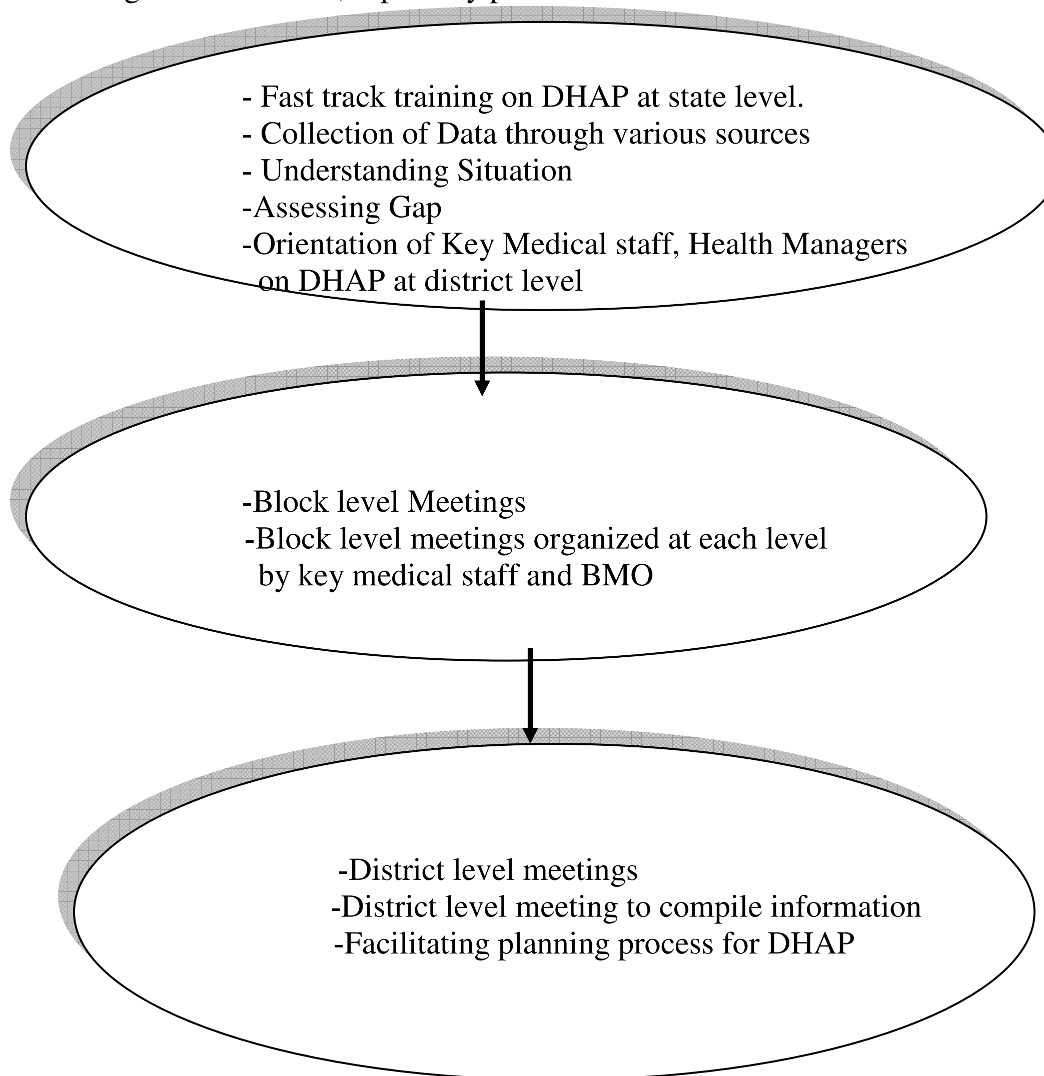
This Integrated Health Plan document of Vaishali district has been prepared on the said context.

1.3.3 Preparation of DHAP

The Plan has been prepared as a joint effort under the chairmanship of District Magistrate of the district, Civil Surgeon, ACMO (Nodal officer for DHAP formulation), all program officers and NHSRC/PHRN as well as the MOICs, Block Health Managers, ANMs, AWWs and community representatives as a result of a participatory processes as detailed below. After completion the DHAP, a meeting is organized by Civil Surgeon with all MOIC of the block and all programme officer. Then discussed and displayed prepared DHAP. If any comment has came from participants it has added then finalized. The field staffs of the

department too have played a significant role. District officials have provided technical assistance in estimation and drafting of various components of this plan.

After a thorough situational analysis of district health scenario this document has been prepared. In the plan, it is addressing health care needs of rural poor especially women and children, the teams have analyzed the coverage of poor women and children with preventive and promotive interventions, barriers in access to health care and spread of human resources catering health needs in the district. The focus has also been given on current availability of health care infrastructure in pubic/NGO/private sector, availability of wide range of providers. This DHAP has been evolved through a participatory and consultative process, wherein community and other stakeholders have participated and ascertained their specific health needs in villages, problems in accessing health services, especially poor women and children at local level.



District Health Action Plan Planning Process

Chapter 2

District Profile

History

Siwan, situated in the western part of the State, was originally a sub-division of Saran District, which in ancient days formed a part of **Kosala Kingdom**. The present district limits came into existence only in 1972, which is **geographically situated at 25º35 North and 84º1 to 84º47 east**. The total area of the Siwan district is about **2219.00 Sq. Km**. with a population of **21,56,428** as per the **1991 census**. The district is bounded on the east by the Saran district, on the north by Gopalganj district and on the west and south by two districts of U.P. viz. Deoria and Balia respectively.

Siwan derived its name from **"Shiva Man"**, a Bandh Raja whose heirs ruled this area till Babar's arrival. **Maharajganj**, which is another subdivision of Siwan district, may have found its name from the seat of the Maharaja there. A recently excavated marvelous statue of Lord Vishnu at Village Bherbania from underneath a tree indicates that there were large numbers of followers of Lord Vishnu in the area. As the legend goes, **Dronacharya of Mahabharat** belonged to village **'DON'** in **Darauli Block**. Some believe Siwan to be the place where Lord Buddha died. **Siwan is also known as Aliganj Sawan after the name of Ali Bux**, one of the ancestors of the feudal lords of the area. Siwan was a part of Banaras Kingdom during 8th century. Muslims came here in the 13th century. Sikandar Lodi brought this area in his kingdom in 15th century. Babar crossed Ghaghra river near Siswan in his return journey. In the end of the 17th century, the Dutch came first followed by the English. After the battle of Buxar in 1765 it became a part of Bengal. **Siwan played an important role in 1857 independence movement**. It is famous for the stalwart and sturdy 'Bhoj-puries', who have always been noted for their martial spirit and physical endurance and from whom the army and police personnel were largely drawn. A good number of them rebelled and rendered their services to Babu Kunwar Singh. **The anti pardah movement** in Bihar was started by **Sri Braj Kishore Prasad** who also belonged to Siwan in response to the **Non Co-Operative movement** in 1920. A big meeting was organised at Darauli in Siwan District on the eve of the Kartik Purnima Mela under the leadership of Dr. Rajendra Prasad who had thrown away his lucrative practice as an advocate in the Patna High Court at the call of Gandhiji. In the wake of this movement Maulana Mazharul Haque, who came to stay with his maternal uncle Dr. Saiyyad Mahmood in Siwan, had constructed an ashram on the Patna-Danapur road which subsequently became **Sadaquat Ashram**

The next phase of the Non co-operation movement known as the **Civil Disobedience movement** of 1930, was fully implemented in Siwan. In connection with the Satyagrah Movement Pt. Jawaharlal Nehru made a whirlwind tour of the different parts of Bihar. One of the famous meetings he addressed was at Maharajganj. A few persons of present Siwan District who played an important role in the attainment of independence were **Dr. Rajendra Prasad**, **Maulana Mazharul Haque**, **Shri Mahendra Prasad** the elder brother of Dr. Rajendra Prasad, **Dr. Sayyad Mohammad**, **Shri Braj Kishore Prasad** and **Shri Phulena Prasad**. **Uma Kant Singh** (Raman jee) of Narendrapur achieved martyrdom during the **Quit India Movement**. Jwala Prasad and Narmedshwar Prasad of Siwan helped Jai Prakash Narayan after his escape from Hazaribagh Central Jail. One of the most renowned literaturer of this country **Pandit Rahul Sankritayayana** started peasant Movement here between 1937 to 1938. During his visit to Champaran Mahatma

Gandhi and Madan Mohan Malviya visited Siwan and Gandhiji even spent a night at Zeradei in the house of Dr. Rajendra Prasad. The chowki on which he slept then is still kept intact there.

CHANGES IN THE JURISDICTION OF THE DISTRICT

The major changes in the jurisdiction of the district were creation of Siwan as district and the changes resulting there from, and the implementation of **Trivedi Award on the 10th June, 1970** resulting in substantial alteration of jurisdiction. Siwan was being declared as a district in 1972 in which it was proposed to include 10 blocks of Gopalganj and 13 blocks of Siwan subdivisions. Two blocks **Bhagwanpur** and **Basantpur** of Siwan were declared to be added to the jurisdiction of proposed Marhaura subdivision. But after one year later in 1973 Gopalganj was made a separate district with it's 10 blocks included in Siwan earlier and thus Siwan constituted its original 15 blocks including Bhagwanpur and Basantpur blocks. Trivedi Award was implemented on 10th June 1970. Thereby fourteen villages of Siwan having an area of 13092 acres were transferred to U.P. and twelve villages of U.P. with an area of 6679 acres were transferred to Siwan. The basis of this transfer was the position of **Ghaghara river** in 1885. After 1885 the course of the river changed from time to time resulting in intermixing the areas of U.P. with those of Siwan. Hence the position of 1885 was taken to be the base and those transfer were made accordingly. Before the Trivedi Award the boundary of Siwan with U.P. was flexible changing with the course of the river. After the Award this boundary was fixed by installing pillars on the conspicuous points, the maintenance of which is done by Govt. of Utter Pradesh and the administration of Siwan as per the provisions of the Awards. Thus after this Awards, the so far flexible boundary of Siwan vis-a-vis U.P. on both banks of Ghaghara river was given a stability. Presently four more blocks have been created namely **Lakri Nabiganj**, **Nautan, Jiradei** and **Hasanpura** block. Out of these newly created blocks Lakri Nabiganj is functional and rests of the three are not functional. Thus there are **sixteen functional blocks** in the district Namely - Siwan, Mairwa, Darauli, Guthani, Hussainganj, Andar, Raghunathpur, Siswan, Barharia, Pachrukhi under Siwan subdivision and Maharajganj, Duraondha, Goreakothi, Basantpur, Bhagwanpur and Lakri Nabiganj under Maharajganj subdivision.

Geographical Features

The District **Siwan** is spanned over the western part of **North Bihar** alluvial plain's segment of **broader Indo-Gangetic Plain**. The geographical location of the district is confined between **250 53' to 260 23' North latitudes** and **840 1' to 840 47' East longitude**. **The Deoria district** (U.P.) bound it from **west**, the **Gopalganj district** from **north**, the **Saran district** from **east** and by the **river Ghaghara** (Gogra or Sarayu) from **south**, beyond which lies the district of Ballia (U.P.). The district is constituted of 15 (1991) Anchals (blocks) covering an **area of 2219 sq. km**. (856 miles) with a population of **2170971** according to 1991 census. This administrative unit embraces only 1.27 percent of area and 2.54 percent of total population of Bihar. It comprises of 1437 inhabited and 101 uninhabited villages. As regards the sex ratio in the district, 1069 female population comes to per 1000 male population.

Structurally the district forms a part of the alluvium of the broader Indo-Gangetic Plain. The geological formation of the tract is of recent (Holocene) period. The contribution of the Himalayan Rivers to the formation of the tract is significant. It is estimated that the district covers the deposits of **alluvium** more than 5000 feet depth. geo-morphologically it forms the part of the **Gandak** cone which is the outcome of the discharge and silt-charge of the Himalayan rivers to the plain during the phase of deposition. The whole district bears a featureless terrain having

general slope from northwest to southeast. The slope is almost imperceptible averaging only 8 inches a mile. **The datum line of Siwan**, the district headquarters, is **64 metres** (210 feet) from the sea level.

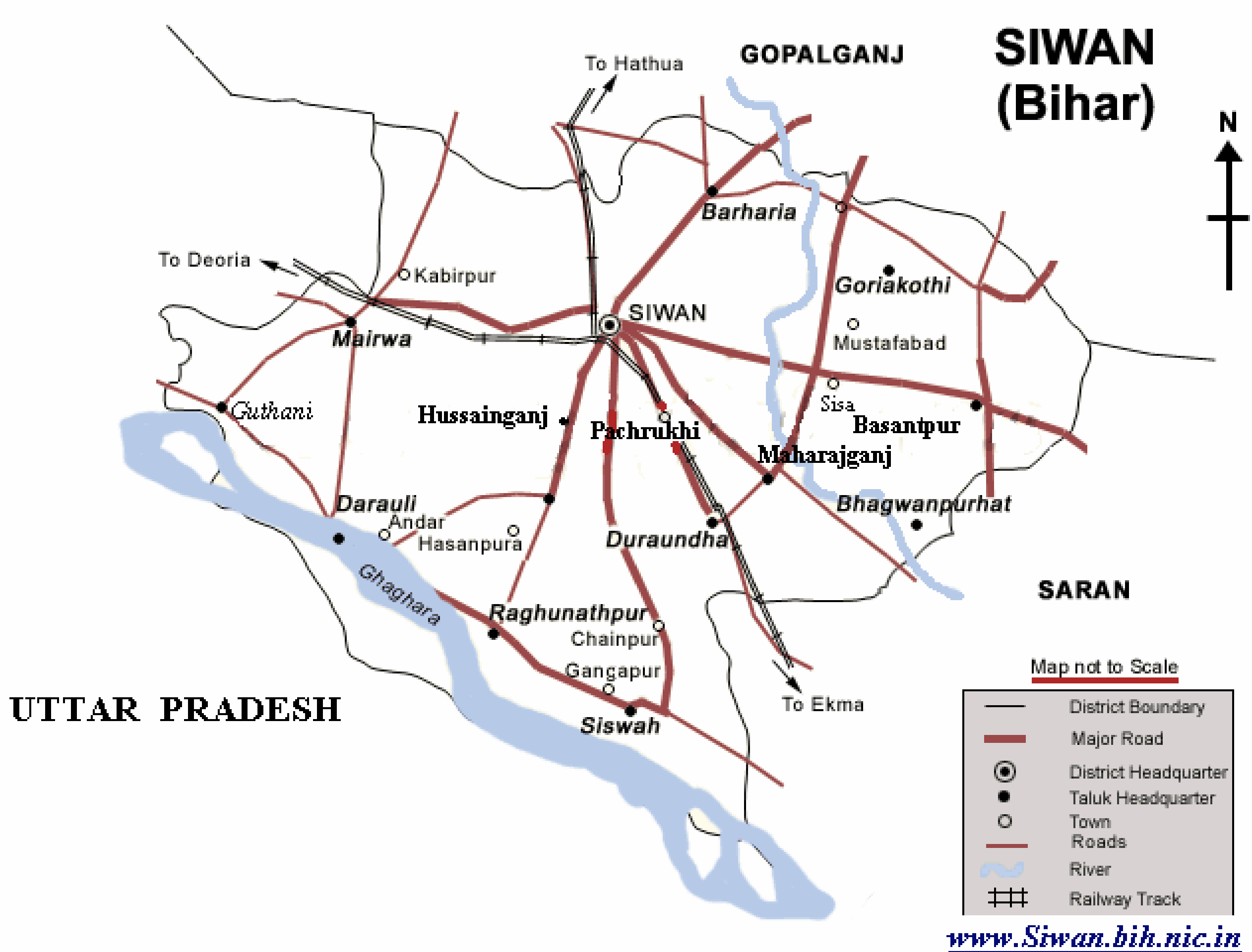
The district is drained by few small rivers like Jharahi, Daha, Gandaki, Dhamati (Dhamahi), Siahi, Nikari and Sona. The southern boundary of the district is formed by **river Ghaghara**, the main stream of the area. Among these, Ghaghara is the only perennial river because of its Himalayan source and rest rivers bear different origins. The rivers of the district get inundated almost every year. The area is characterised by certain typical features like '**Chaurs',** some of which give birth to short length streams locally known as **'Nadi' or 'Sota'**. The rivers Jharahi and Daha are the tributaries of river Ghaghara, while Gandak and Dhamati are of river Gandak. The Siahi and Nikari streams drain to Jharahi, While Sona drains to river Daha. These streams play important role in carrying out excess water during rainy season. Siwan, the district headquarters, is located on the eastern bank of river Daha.

The southern part of the district along river Ghaghara is marked by '**Draras'**, which are typical formation of the sand heaping with thin layer of clay and silt over them. **Alluvium** and **dilution Rae** the important works of river Ghaghara in this part, where by boundary problems are created leading to transfer of land to and from the district.

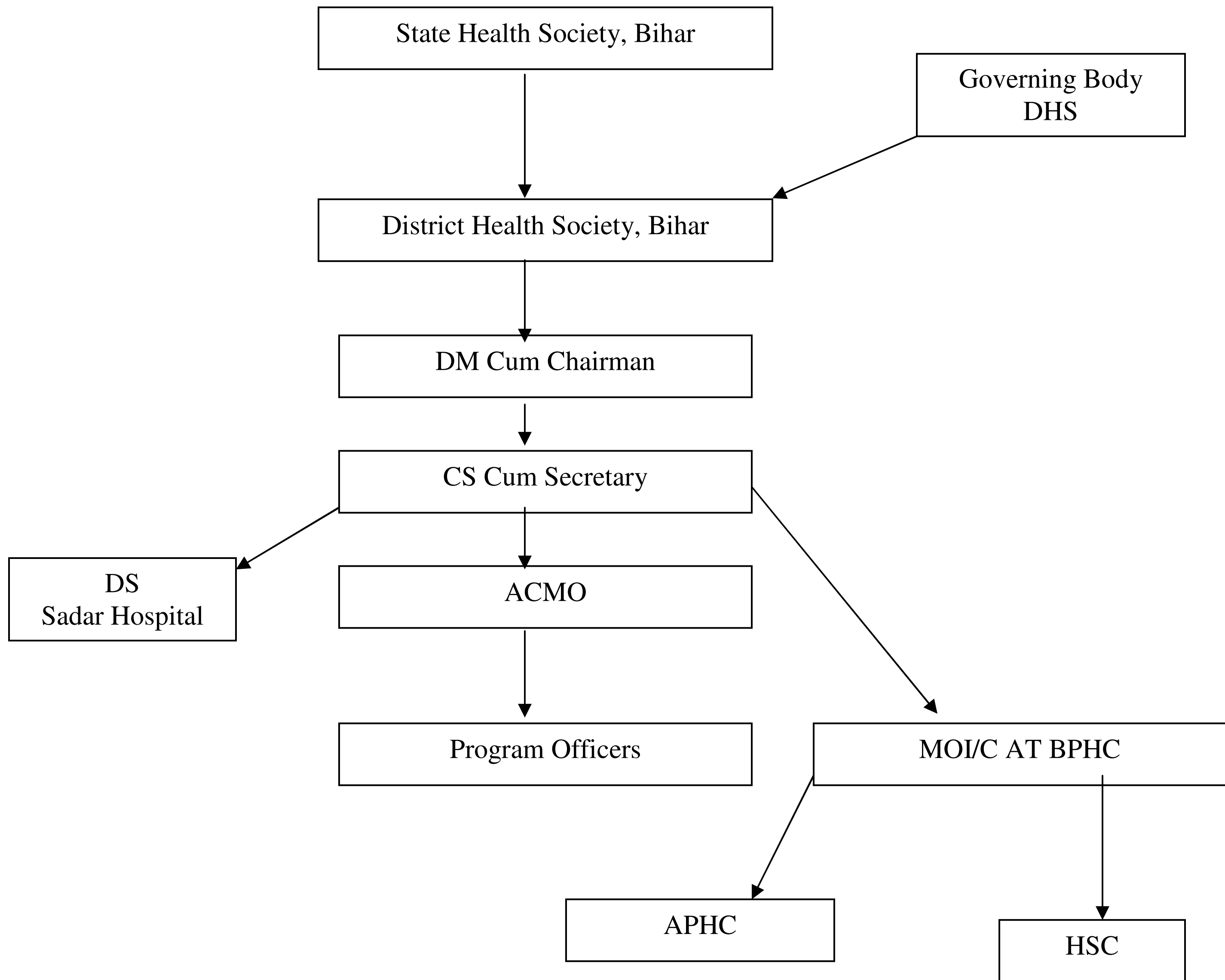
The district of Siwan falls in the area, which occupies an intermediary position between the **Bhanger plain** of Uttar Pradesh and **Khader plain** of West Bengal. 'Bhanger' (or Banger) is the older alluvium containing heavier soil with greater clay proportion, while Khader is the newer alluvial deposit by rier floods, Both types of soils are found in the district, but Khader is limited to the vicinity of the rivers where it is periodically renewed by fresh deposits, especially in **"DIARA"** areas. **Khader** is locally termed as 'Domat' and 'Bhanger' as **'Balsundari'**. The Bhanger contains nodular segregations of carbonate of lime known as '**Kankar'**. The soil is in many places sulfurous and extraction of saltpeter has long been an important industry. The saltpeter industry has disappeared with the march of time and changing phase of development.

The district gets its place in the transitional zone of drier climatic condition of Uttar Pradesh and moist climatic condition of West Bengal, but nearness to U.P. gives way to experience comparatively drier climatic condition. The area observes hot westerly winds which start in March and last till May, but in April and May light, damp easterly winds blow intermittently and afternoon storms accompanied with rain take the place of the rainless dust storms of U.P. The summer season experiences 'Loo' during May and June having temperature above **100^0F (38^0C)**, Since the district is in transitional zone the Monsoon rain starts late here, but earlier than U.P., and persists till September. This period provides maximum rain to the area. July and August are the oppressive months due to heat intermixed with high humidity. The winter season is normally pleasant with low temperature. During this period western depressions sometimes give small quantity of rain, which intensifies the existing coldness into chill. The **average annual rainfall** for 51 years at Siwan is **120 centimeters (47 inches)**.

Siwan District Communication Map



District Health Administrative Setup



SIWAN – AT A GLANCE

AREA (Sq. Kms) :- 2219	
POPULATION(CENSUS 2001)	
TOTAL :-	2714349
MALES :-	1336283
FEMALES :-	1378066
RURAL POPULATION	
TOTAL :-	2564860
MALES :-	1257556
FEMALES :-	1307304
URBAN POPULATION	
TOTAL :-	149489
MALES :-	78727
FEMALES :-	70762
POPULATION OF SCHEDULED CASTES :-	309013
POPULATION OF SCHEDULED TRIBES :-	13822
DENSITY OF POPULATION :-	1223
SEX RATIO :-	1033

COMPARATIVE POPULATION DATA (2001 Census)

Basic Data	India	Bihar	Siwan
Population	10270151	828787	2718421
Density	324	880	1223
Socio- Economic			
Sex- Ratio	933	921	1033
Literacy % Total	65.38	47.53	52.08
Male	75.85	60.32	67.67
Female	54.16	33.57	37.26

LITERACY RATE		
TOTAL :- 52.08%		
MALES :- 67.67%		
FEMALES :- 37.26%		
VILLAGES		
TOTAL :- 1524		
INHABITED :- 1361		
UNINHABITED:- 164		
PANCHAYATS	:-	293
SUB-DIVISION	:-	02
BLOCKS	:-	19
REVENUE CIRCLES	:-	19
TOWNS	:-	03
NAGAR PARISHAD(Siwan)	:-	01
NAGAR PANCHAYAT(MAHARAJGANJ, MAIRWA)	:-	02
M.P CONSTITUENCY	:-	2 (1 Part)
M.L.A. CONSTITUENCY	:-	8
HEALTH		
DISTRICT HOSPITAL	:-	01
REFERRAL HOSPITAL	:-	02
PRIMARY HEALTH CENTRE	:-	19
ADDITIONAL PRIMARY HEALTH CENTRE	:-	55
HEALTH SUB CENTRE	:-	432
BLOOD BANK	:-	01
AIDS CONTROL SOCIETY	:-	01

2.1 SOCIO-ECONOMIC PROFILE

Social

- Siwan district has a strong hold of tradition with a high value placed on joint family, kinship, caste and community.
- The villages of Siwan have old social hierarchies and caste equations still shape the local development. The society is feudal and caste ridden.
- 11.38% of the population belongs to SC and 0.51% to ST. Some of the most backward communities are *Mushahar, Turha,chamar* and *Dome*.

Economic

- The main occupation of the people in Siwan is Agriculture, business and daily wage labour.
- Siwan is the first district in Bihar where 1700 crores rupees are in bank and the main source of income is gulf country where lots of people work.
- Almost 20% of the youth population migrates in search of jobs to the metropolitan cities like Kolkata, Punjab, Mumbai, Surat, Delhi etc.
- The main crops are Wheat, Paddy, Pulses, Oilseeds, Mango.
- Tobacco and sugar cane are the main cash crop of the community of the district.

2.2Administration and Demography

Table-1

No.	Variable	Data
1.	Total area	2219 Sqr Km
2.	Total no. of blocks	19
3.	Total no. of Gram Panchayats	293
4.	No. of villages	1524
5.	No of PHCs	19
6.	No of APHCs	55
7.	No of HSCs	432
8.	No of Sub divisional hospitals	0
9.	No of referral hospitals	3
10.	No of Doctors	121
11.	No of ANMs	333
12.	No of Grade A Nurse	17
13.	No of Paramedicals	

14.	Total population	3239283
15.	Male population	1588840
16.	Female population	1650443
17.	Sex Ratio	1000/1033
18.	No of Eligible couples	550770
19.	Children (0-6 years)	540168
20.	Children (0-1years)	90028
21.	SC population	367416
22.	ST population	16434
23.	BPL population	313461
24.	No. of primary schools	1438
25.	No. of Anganwadi centers	2488
26.	No. of Anganwadi workers	2488
27.	No of ASHA	2438
28.	No. of electrified villages	
29.	No. of villages having access to safe drinking water	1611
30.	No of villages having motorable roads	

Source: Census 2001

2.3 HEALTH PROFILE

Infrastructure
2.3.1: Health Facilities in the District

Data below indicating the present status of HSC, APHC, PHC, CHC, Sub-divisional hospital & District Hospital.

Health Sub-centres

S.No	Block Name	Population 2009 with growth @ 2.7%	Sub-centres required Pop 5000(IPH)	Sub-centers Present	Sub-centers proposed	Further sub-centers required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Ander	111943	23	11	0	12	6	5	
2	Barhariya	303116	61	31	6	24	2	29	
3	Basantpur	97993	20	11	0	9	7	4	
4.	Bhagwanpur	205398	41	20	7	14	3	17	
5.	Darauli	182817	37	20	0	17	1	19	
6.	Daraunda	167884	34	19	3	12	9	10	
7.	Goriakothi	215861	51	34	1	16	12	22	
8.	Guthani	127536	26	18	2	6	4	14	
9.	Hassanpura	154666	31	14	6	11	0	14	
10.	Hussaingunj	175891	35	19	6	10	3	16	
11.	Lakri Navigunj	126299	25	15	5	5	0	15	
12.	Maharajgunj	187114	38	28	1	9	10	18	
13.	Mairwa	111167	23	10	5	8	5	5	
14.	Nautan	87286	18	10	3	5	0	10	
15.	Pachrukhi	193216	31	24	4	3	7	17	
16.	Raghunathpur	159949	32	22	0	10	5	17	
17.	Siswan	142960	29	20	2	7	4	16	
18.	Siwan Sadar	324013	65	20	11	34	4	16	
19.	Ziradei	164174	33	17	7	9	0	17	
	Total	**3239283**	**653**	**363**	**69**	**221**	**82**	**281**	

Additional Primary Health Centers (APHCs)

No	Block Name	Population 2008 with growth @ 2.7%	APHCs required (After including PHCs) (IPH)	APHCs present	APHCs proposed	APHCs required	Status of building		Availability of Land
							Own	Rented	
1	Ander	111943	4	2	0	2	0	2	
2	Barhariya	303116	10	2	1	7	0	2	
3	Basantpur	97993	3	1	1	1	0	1	
4.	Bhagwanpur	205398	7	2	1	4	2	0	
5.	Darauli	182817	6	3	0	3	2	1	
6.	Daraunda	167884	6	2	1	3	0	2	
7.	Goriakothi	215861	7	4	2	1	2	2	
8.	Guthani	127536	4	2	1	1	1	1	
9.	Hassanpura	154666	5	0	1	4	0	0	
10.	Hussaingunj	175891	6	2	3	1	1	1	
11.	Lakri Navigunj	126299	4	1	2	1	1	0	
12.	Maharajgunj	187114	6	2	1	3	0	2	
13.	Mairwa	111167	4	1	1	2	0	1	
14.	Nautan	87286	3	0	1	2	0	0	
15.	Pachrukhi	193216	7	2	1	4	1	1	
16.	Raghunathpur	159949	6	2	0	4	1	1	
17.	Siswan	142960	5	2	1	2	1	1	
18.	Siwan Sadar	324013	11	2	2	7	0	2	
19.	Ziradei	164174	6	0	3	3	0	0	
	Total	**3239283**	**110**	**32**	**23**	**55**	**12**	**20**	

Primary Health Centers

No	Block Name/sub division	Population	PHCs Present	PHCs required @ Pop 80000 - 120000 (IPH)	PHCs proposed
1	Ander	111943	1	1	0
2	Barhariya	303116	1	3	2
3	Basantpur	97993	1	1	0
4.	Bhagwanpur	205398	1	2	1
5.	Darauli	182817	1	2	1
6.	Daraunda	167884	1	2	1
7.	Goriakothi	215861	1	2	1
8.	Guthani	127536	1	1	0
9.	Hassanpura	154666	1	2	2
10.	Hussaingunj	175891	1	2	2
11.	Lakri Navigunj	126299	1	1	1
12.	Maharajgunj	187114	1	2	1
13.	Mairwa	111167	1	1	1
14.	Nautan	87286	1	1	1
15.	Pachrukhi	193216	1	2	1
16.	Raghunathpur	159949	1	2	1
17.	Siswan	142960	1	1	0
18.	Siwan Sadar	324013	1	3	2
19.	Ziradei	164174	1	2	1
	Total	**3239283**	**19**	**33**	**14**

CHC Required

No	Block Name/sub division	Population	CHCs Present	CHCs required @ Pop 1200000 and above(IPH)	PHCs proposed
1	Ander	111943	0	0	0
2	Barhariya	303116	0	2	2
3	Basantpur	97993	0	0	0
4.	Bhagwanpur	205398	0	1	1
5.	Darauli	182817	0	1	1
6.	Daraunda	167884	0	1	1
7.	Goriakothi	215861	0	2	2
8.	Guthani	127536	0	1	1
9.	Hassanpura	154666	0	1	1
10.	Hussaingunj	175891	0	1	1
11.	Lakri Navigunj	126299	0	1	1
12.	Maharajgunj	187114	0	1	1
13.	Mairwa	111167	0	1	1
14.	Nautan	87286	0	0	0
15.	Pachrukhi	193216	0	1	1
16.	Raghunathpur	159949	1	1	0
17.	Siswan	142960	1	1	0
18.	Siwan Sadar	324013	0	2	2
19.	Ziradei	164174	0	1	1
	Total	3239283	2	19	17

Sub-Divisional Hospital

No	Name of sub division	Population	Sub- Divisional Hospital Present	Sub- Divisional Hospital required	PHCs proposed
1.	Maharajgunj	1000549	0	1	1
	Total		0	1	1

District Hospital

No	Name of District	Population	District Hospital Present	District Hospital required	PHCs proposed
1.	Siwan	3239283	1	1	0
	Total		1	1	0

2.3.2 Human Resources and Infrastructure

Sub-centre database

No. of Subcenter present	No. of Subcenter required	Gaps in Sub centers	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Gaps in ANMs(R) /(c)	Building ownership (Govt)	Required Building (Govt)	Gaps in Buildings (Govt.)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
432	653	221	253/140	653/653	400/513	82	653	571	y	+++		unexpensed

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available – A/Not available –NA, Intermittently available-I

Additional Primary Health Centre (APHC) Database: Infrastructure

No	No. of APHC present	No. of APHC required	Gaps in APHC	Building ownership (Govt)	Building Required (Govt)	Gaps in building	Building condition (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	55	110	55	12	110	98	#	#			#	N		Y

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

Additional Primary Health Centre (APHC) Database: Human Resources

No	No. of APHC	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/ Peons /Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	55	110 55(A)+ 55(Ay)	17	110	35	55	1	55	3	55	11	33/110	0

Primary Health Centres : Infrastructure

No	No. of PHC present	No. of PHC required	Gaps in PHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	19	33	14	16	33	17	16	14	+++	16	6	A	++	+

Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

Primary Health Centres: Human Resources

	No. of PHC	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Store keeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	19	76	104	133	44	19	5	19	5	38	2	57	6	4

Referral Hospital/CHC : Infrastructure

No	No. of Referal/CHC present	No. of Referal/CHC required	Gaps in Referal/CHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	2	19	17	2	19	17	2	2	++	2		A	++	++

A ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

Referral Hospital : Human Resources

	No. of /Referral/ CHC	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Storekeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	2	12	2	7	5	2	0	2	0	2	1	8	1	1

District Hospital: Infrastructure

No	No. of Sadar Hospital present	No. of Sadar Hospital required	Gaps in Sadar	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	1	1	0	govt	0	0	3	A	+++	60	A	++	+

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

District Hospital: Human Resources

	N0. of DH	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Storekeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	1	13	9	1	1	1	1	2	2	4	4	5	4	1

2.3.3 Indicators of Reproductive Health and Reproductive Child Health

Table

Variables Description	Siwan	Bihar	India
Percentage girls marrying below legal age at marriage	**39.5**	**51.5**	
Percentage of households with low standard of living	78.1	**66.3**	
Percentage of households using adequate iodized salt (15ppm)	24.8	**29.6**	
Birth order 3 and above	46	**54.4**	
Percent women know all modern method	44.4	**52.2**	
Percent husbands know NSV (No scalpel vasectomy)	40.3	**35.6**	
Percent women/husbands using any family planning method	24.0	**31**	
Percent women/husbands using any modern method of family planning	20.4	**27.3**	
Unmet need for family planning	39.7	**36.7**	
Percent women received at least three visits for ANC	33.4	**19.6**	
Percent women received full ANC	4.3	**5.4**	
Percentage of Institutional delivery	33.5	**23**	
Percentage of delivery attended by skilled personnel	41.7	**29.5**	
Percentage of children (age12-23 months) received full immunization	52.4	**23**	

Percentage of children (age12-23 months) did not received any immunization	12.9	**49.4**	
Percent women aware of HIV/AIDS	34.2	**28.8**	
Percent husbands aware of HIV/AIDS	**68.9**	**62.1**	

Source: DLHS (2007-2008)

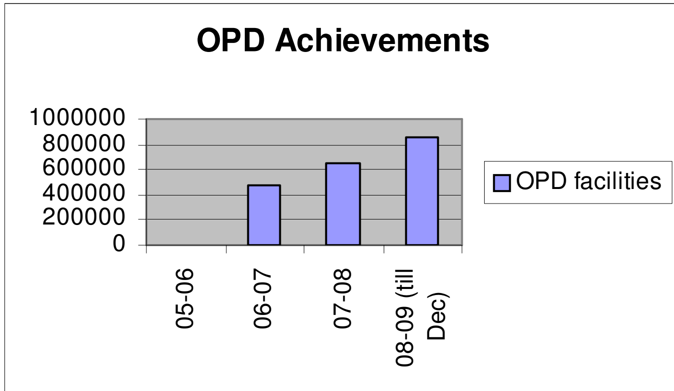
2.3.4 Achievements: STATUS OF PREGRESS IN DIFFERENT HEALTH PROGRAMS

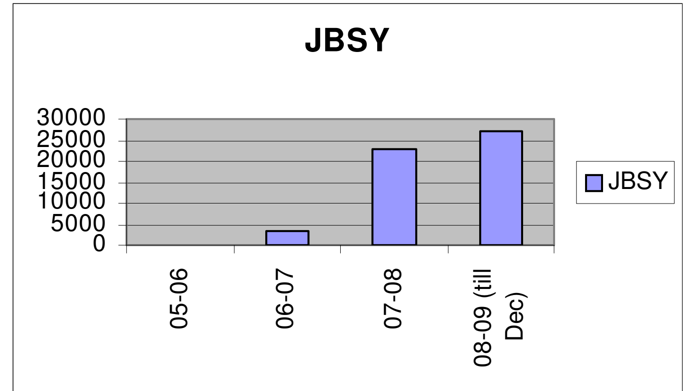
Table. Treatment provided in previous four financial years

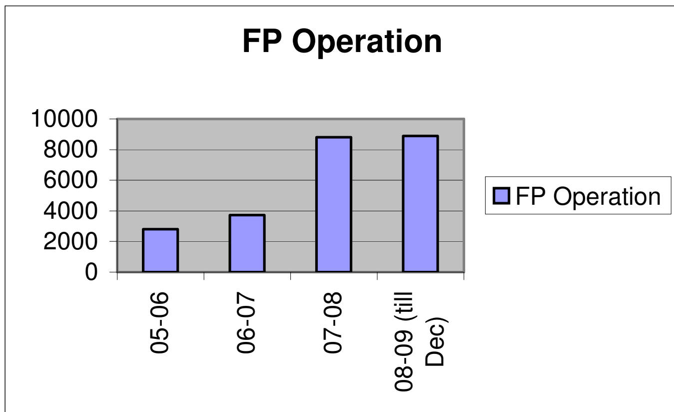
Sl. No.	Program	2005-06	2006-07	2007-08	2008-09
01.	OPD facilities	NA	469279	654921	851400
02.	JBSY	NA	3514	22639	27226
03.	FP Operation	2810	3722	8816	8888
04.	Full immunized child	55691	77683	93007	67969
05.	Leprosy	663	749	731	770
06.	Malaria	4	4	2	1
07.	Kala-azar	268	293	508	475
08.	TB	483	581	2314	3235
09.	Blindness	1926	2025	855	3582
10.	Vitamin A	93669	110424	112256	55078
11.	AIDS	289	314	165	145
12.	Epidemic (Diarrhea / Dysentery)	250	250	803	1456
13.	Filaria	315	365	2686	7194

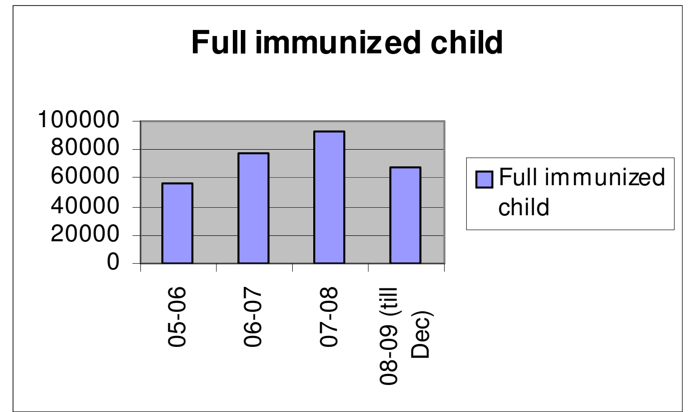
Source: District Health Society, Siwan

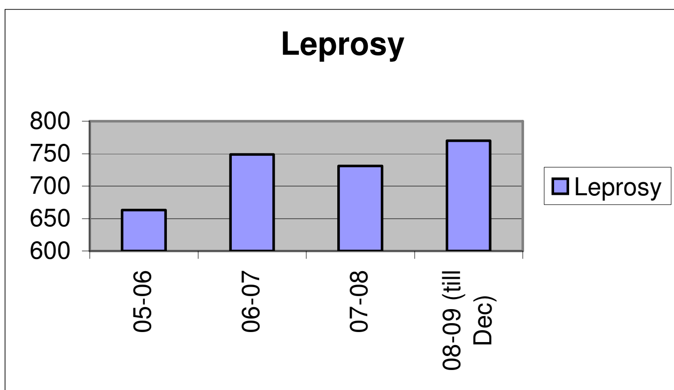
Chart representation of achievements in different programs in last four financial years

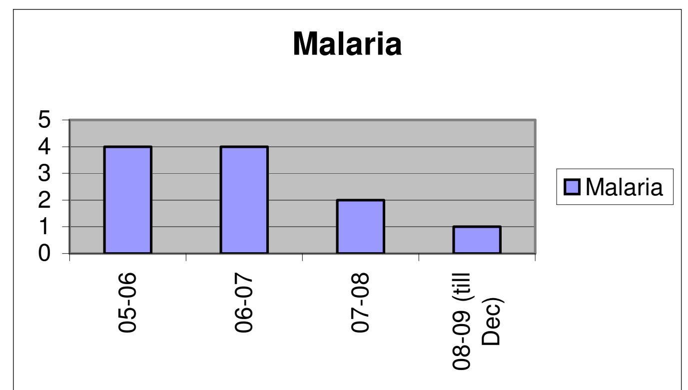


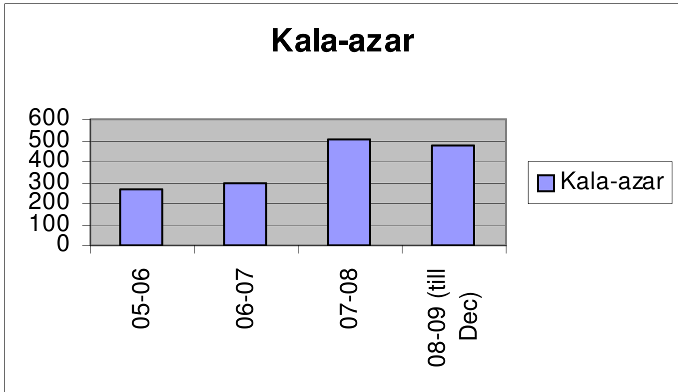











Kala-azar
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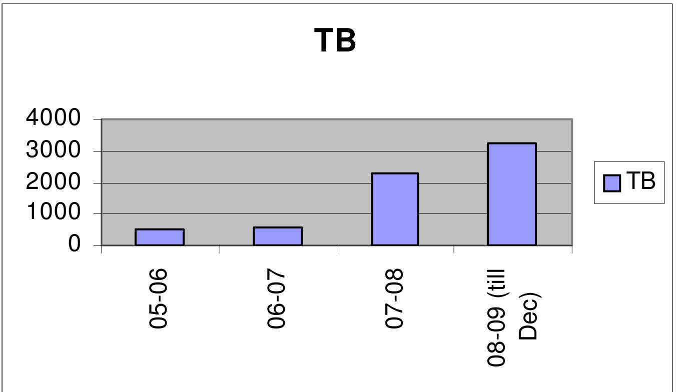
Kala-azar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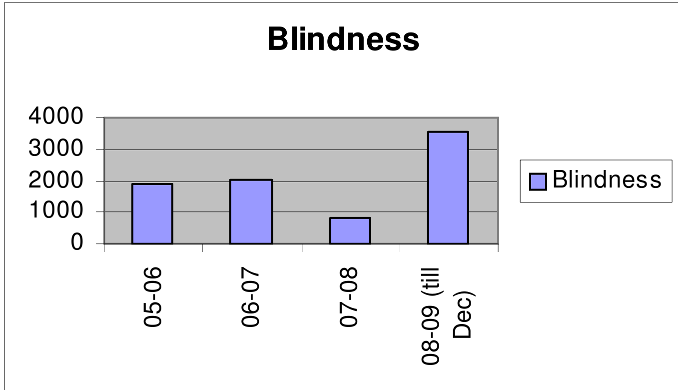
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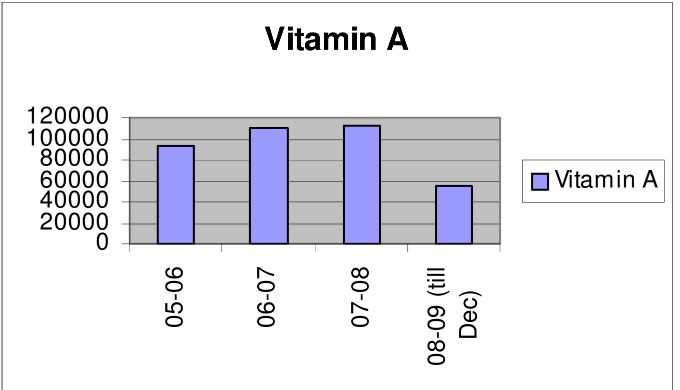
Blindness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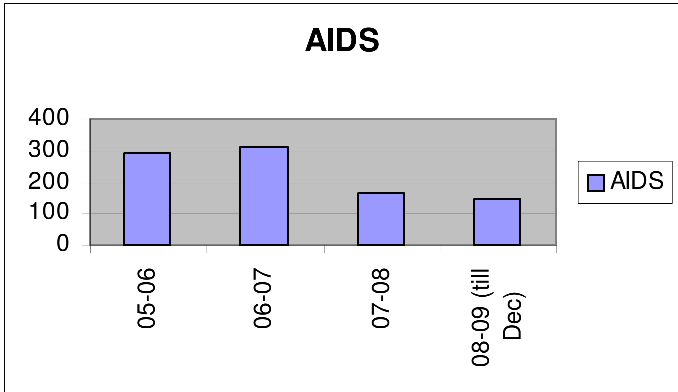
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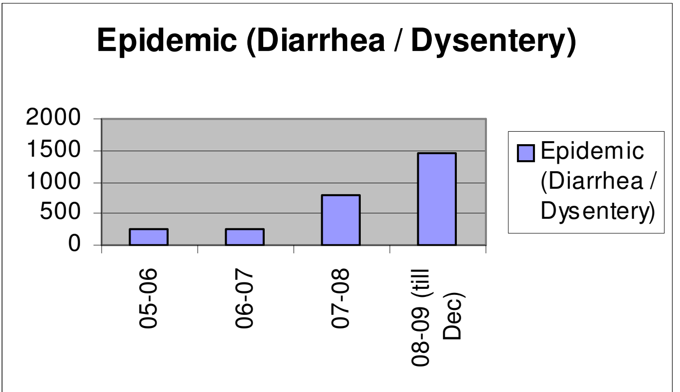
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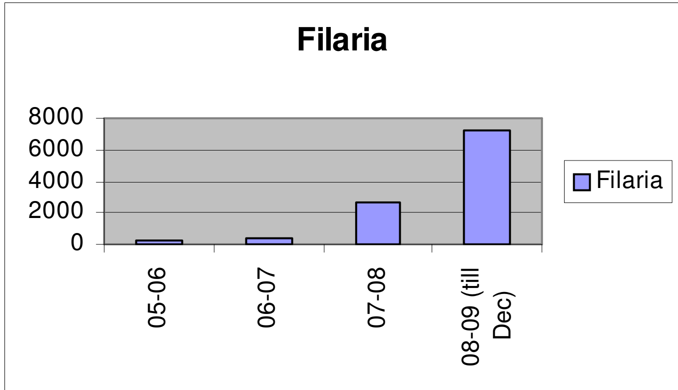
Epidemic (Diarrhea / Dysentery)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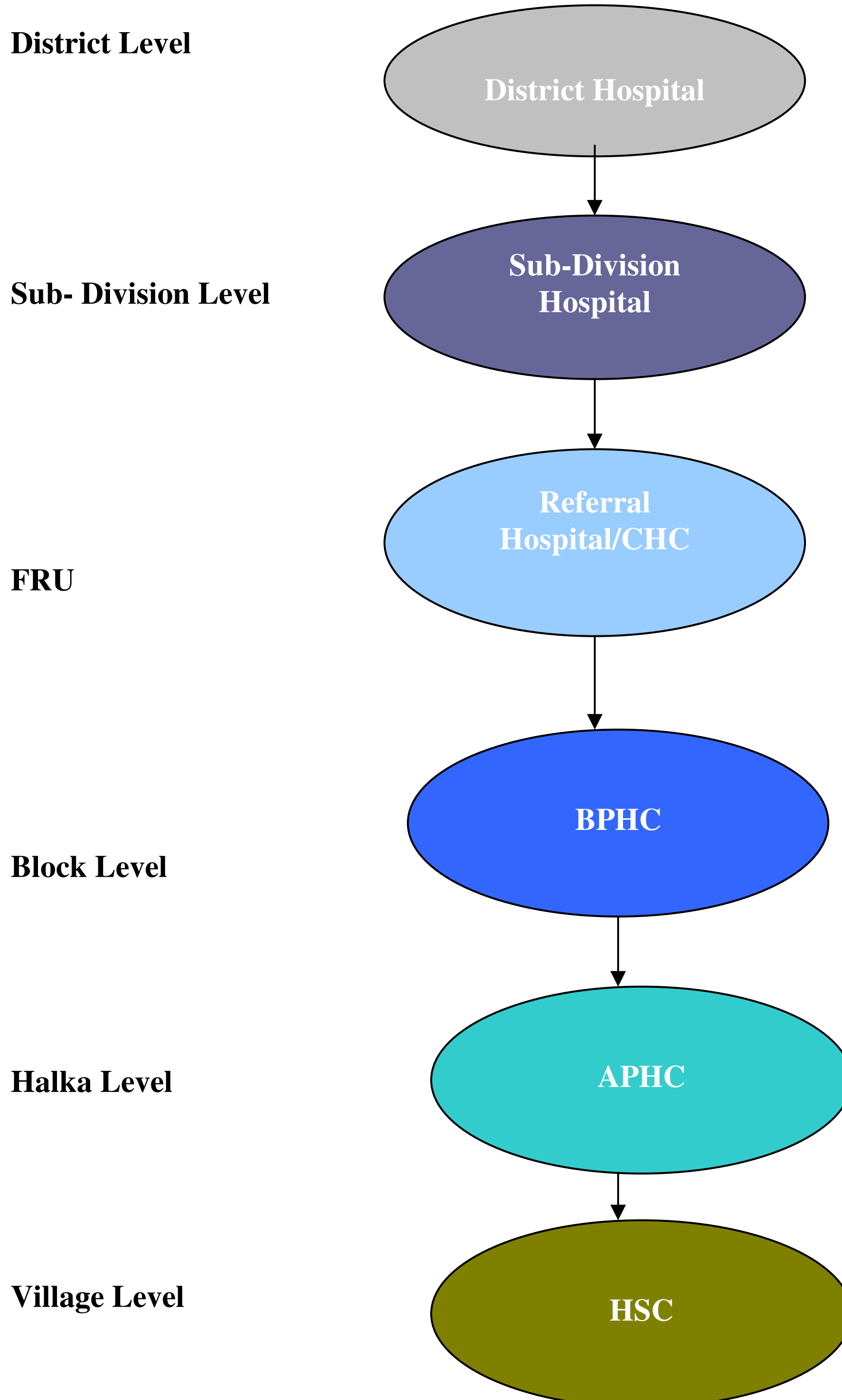
Chapter 3

Situation Analysis & Budget For HSC, APHC, BPHC & DH

On different level, there are various institutions in the health system from where health facilities are being provided to the people. The IPH standard specifies the properties, requirements and service specifications of all institutions. In the network of health system of a district, there are following hierarchy of institutions at different level-:



In the present situational analysis of Siwan district, we will try to find out answer of the following questions-

- Is there sufficient no. of HSC, APHC, BPHC, CHC, Sub-divisional hospital & District Hospital sanctioned as per IPH standard ?
- What are the gaps between no. of required and sanctioned institutions ?
- Whether all institutions have resources, manpower and infrastructure as per IPH norms or not?
- Whether all institutions are providing the health services as per IPH norms or not?
- Is there sufficient fund allotment for institutions and programs?
- What are the activities that will improve the quality of services and will make it more reliable?

The situation analysis on the basis of no. of institutions, infrastructure, manpower, services and budget is given below

3.1 Health Sub Center:

Health Sub Center is the first line service deliverable institutions from where different type of services are provided to women and children. The objectives of IPHS for Sub-Centres are:

- To provide basic Primary health care to the community.
- To achieve and maintain an acceptable standard of quality of care.
- To make the services more responsive and sensitive to the needs of the community.

No. of Institutions (Health Sub Center)

As per IPH standard at every 5000 population one HSC has to be established.

District Population (2008)	Maximum HSC required as per IPH Norms @ 5000 people	No. of Sub center already sanctioned/established	Gaps in No. of HSC
3239283	**653**	**432**	**221**

To obtain 100% IPH standard -: Need to sanction 221 new HSC to achieve 100% IPH standard.
Task for 2010-11 -:

- **Out of 432 sanctioned HSC 69 HSC are not established so far. So, in financial year 2010-11, the first priority should be given to these non-functional HSC.**
- **25% of gaps i.e 55 HSC can be sanctioned more to minimize the gaps.**

3.1.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11
Physical Infrastructure	The minimum covered area of a Sub Center along with residential Quarter for ANM will vary from 73.50 to 100.20 sq meters.	**653** **(Max. HSC as per IPHS)**	**82** **(Already having building)**	**571**	**25% of gaps = 143**
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Examination Table 1 Writing table 2 Armless chairs 3 Medicine Chest 1 Labour table 1 Wooden screen 1 Foot step 1 Coat rack 1 Bed side table 1 Stool 2 Almirahs 1 Lamp 3 Side Wooden racks 2 Fans 3 Tube light 3 Basin stand 1	1X 653 = 653 2X 653 = 1306 3X 653 = 1959 1X 653 = 653 1X 653 = 653 1X 653 = 653 1X 653 = 653 1X 653 = 653 1X 653 = 653 2X 653 = 1306 1X 653 = 653 3X 653 = 1959 2X 653 = 1306 3X 653 = 1959 3X 653 = 1959 1X 653 = 653	**432 HSC are sanctioned that need all these furniture. Some HSC have some furniture but worth deposable.**	**653**	All sanctioned/established HSC i.e 432
Equipment	Basin Kidney 825 ml Tray instrument Jar Dressing Hemoglobin meter ForcepsTissue160 mm Forceps sterilizer Scissors surgical Reagent strips for urine Scale, Infant metric Sterilization kit Vaccine Carrier Ice pack box Forceps Suture needle straight Suture needle curved Syringe Disposable gloves	2X653=1306 1X653=653 1X653=653 1X653=653 1X653=653 1X653=653 1X653=653 1X653=653 2X653=1306 8X653=5224 20X653=13060 12X653=7836 12X653=7836 12X653=7836 20X653=13060 1X653=653 20X653=13060	**432 HSC are sanctioned that need all these equipments.**	**653**	All sanctioned/established HSC i.e 432

	Clinical Thermometer Torch weighing (baby) weighing (Women) Stethoscope	1x 653= 653 1x 653= 653 1X653= 653 1X653= 653 1X653= 653			
Drugs	**Kit A** ORS IFA Tab. (large) IFA Tab. (small) Vit. A Solution(100 ml) Cotrimoxazole Tab(child) **Kit B** Tab. Methylergometrine Maleate (0.125 mg) Paractamol (500 mg) Inj.Methylergometrine Maleate Tab.Mebendazole(100 mg) Tab.Dicyclomine HCl. (10 mg) Ointment Povidone Iodine 5% Cetrimide Powder Cotton Bandage Absorbant Cotton (100 gm each)	 150X653= 15000X653= 13000X653= 6X653= 1000X653= 480X653= 500X653= 10X653= 300X653 180X653= 5X653= 125X653= 120X653= 10X653=	**432 HSC are sanctioned that need all these drugs.**	**653**	All sanctioned/e stablished HSC i.e 432
Laboratory	Minimum facilities like estimation of haemoglobin by using a approved **Haemoglobin Colour Scale**, urine test for the presence of protein by using **Uristix,** and urine test for the presence of sugar by using **Diastix** should be available. **Haemoglobin Colour Scale** **Uristix** **Diastix**	1X653=653 1X653=653 1X653=653	**432 HSC are sanctioned that need all these equipments.**	**653**	All sanctioned/e stablished HSC i.e 432
Electricity	Wherever facility exists, uninterrupted power supply has to be ensured for which inverter facility / **solar power** facility is to be provided. **Solar power set**	1X653=653	**432 HSC are sanctioned that need Solar power sets.**	**653**	All sanctioned/e stablished HSC i.e 432
Water	Potable water for patients and staff and water for other uses should bein adequate quantity. Towards this end, adequate water supply should be ensured and	Safe water available everywhere			

	safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.				
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided. **Mobile phone**	1X653=643	**432 HSC are sanctioned and need Mobile Phone**	**653**	All sanctioned/established HSC i.e 432

3.1.2 Manpower

Manpower	**IPHS**	**Maximum manpower required**	**Present Manpower**	**Gaps**	**For 2010-11**
Health worker (female)	2	2X653=1306	793	513	432X2=864 55X2= 110 Total=974
Health worker (male)	1 (funded and appointment by the state government)	1X653=653	0	653	432
					Total

3.1.3 Services And others

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	**Out of 363 only 81 HSC have its own building, remaining are running in rented building.**	**1**. Non payment of rent **2.** Land availability for new building	**1.** Ensuring payment of rent till own buildings are not constructed. **2.** Involve DM to arrange land.	**1.** Budget to construct 143 HSC is given above. Construction of building is time taking process. So, timely payment of rent is needed **2.** DM should instruct the CO to arrange land for HSC.
	Lack of Equipments, Drugs, Furniture , Power	**HSC are working but without resources**	Purchasing Equipments, Drugs, Furniture, Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.
	Formats/Registers and Stationeries (Untide fund)	**Always it is found that HSC is lacking stationeries**	Arrangements of fund for these miscellaneous expenses.	Untide fund are available but problem in handleling. Untide fund is operated jointly by ANM & PRI people but they have no proper knowledge to handle it. Only one PRI e.i Mukhiya (Pradhan) should be authorized for joint account and then proper orientation should be given them.

Services of HSCs	**No institutional delivery at HSC level**	Skilled staff to perform institutional delivery is available but lacking resources.	Arrange all required resources to perform institutional delivery.	Purchase Drug, equipments, furniture as per IPHS. Arrangement of Ambulance at APHC & PHC level to quickly send patients in bigger hospital in case of complications.
	Poor ANC	1. In compare to delivery there are poor percentage of pregnant women registration. 2. Minimum three antenatal check-ups	1. Make community aware about the merit of ANC 2. Make system more reliable.	1.Need to aware village women through orientation program. Regular supply of TT & IFA. 2. Ensure availability of drug and equipments necessary for check up
	Poor Post Natal Care	1.A minimum of 2 postpartum home visits 2. Initiation of early breast-feeding within half-hour of birth 3. Counseling on diet & rest, hygiene, contraception, essential new born care, infant and young child feeding.	Ensuring minimum 2 postpartum visit at home. Ensuring counseling on early breath feeding, on diet & rest, hygiene, contraception, essential new born care	Strict rule to compel ANM to visit at home. Orientation & Training program of ANM over early breath feeding, on diet & rest, hygiene, contraception, essential new born care

	Family Planning and Contraception	1. Education, Motivation and counseling to adopt appropriate Family planning methods 2. Provision of contraceptives such as condoms, oral pills, emergency contraceptives. 3. IUD insertions	Increase No. of FP operation & promotion of the use of contraceptives	1.Tubectomy operation is going good but to increase the no. of vasectomy operation counseling of male are necessary. 2. Ensure the availability contraceptives such as condoms, oral pills, emergency contraceptives 3. Training of ANM on IUD insertion is required.
	No MTP	Counseling and appropriate referral for safe abortion services (MTP) for those in need.	Start MTP Services at HSC level.	First purchase the essential equipments and drugs listed above. Training/refreshing course of suitable ANM.
	RNTCP	Eradication of TB	Easy availability of drugs & referral of patients.	Referral of suspected symptomatic cases to the PHC/Microscopy center • Provision of DOTS at subcentre and proper documentation and follow-up

	AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease	IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics
	Child Immunization	1. No 100% child immunization 2. Drop out cases 3. Shortage of vaccine.	Working at various level to obtain 100 % child immunization.	1. Preparation of micro plan at PHC level. Special Plan for hard to reach area. 2. Proper monitoring. 3. Filling up immunization card to follow up. 4. Vaccine is supplied from state that is irregular. So, ensure availability of all vaccine to increase reliability. 5. To control drop out cases if possible new vaccine like **Easy 5** and **MMR** should supply.

3.2 Additional Primary Health Center (APHC): Additional Primary Health Center are the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-center for curative, preventive and promotive health care. A typical Primary Health Center covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 4-6 indoor/observation beds. It acts as a referral unit for 6 sub-center and refer out cases to PHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level.

The objectives of IPHS for APHCs are:

i. To provide comprehensive primary health care to the community through the Additional Primary Health Center.
ii. To achieve and maintain an acceptable standard of quality of care.
iii. To make the services more responsive and sensitive to the needs of the community.

No. of Institutions (Additional Primary Health center)

As per IPH standard at every 30,000 population one APHC has to be established.

District Population (2008)	Maximum APHC required as per IPH Norms @ 30,000 people	No. of APHC already sanctioned/established	Gaps in No. of HSC
3239283	**110**	**55**	**55**

To obtain 100% IPH standard -: Need to sanction 55 new APHC to achieve 100% IPH standard.
Task for 2010-11 -:

- **Out of 55 sanctioned APHC 23 APHC are not established so far. So, in financial year 2010-11, the first priority should be given to these non-functional APHC.**
- **25% of gaps i.e 14 APHC can be sanctioned more to minimize the gaps.**

3.2.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2011-10
Physical Infrastructure	It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending	**110** (Max. APHC as per IPHS)	**12** (Already having building but requires renovation)	98	25% of gaps = 25

	on whether an OT facility is opted for.				
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Examination table 3 Writing tables with table sheets 5 Plastic chairs 6 Armless chairs 8 Full steel almirah 4 Labour table 1 OT table 1 Arm board for adult and child 4 Wheel chair 1 Stretcher on trolley 1 Instrument trolley 2 Wooden screen 1 Foot step 5 Coat rack 2 Bed side table 6 Bed stead iron 6 Baby cot 1 Stool 6 Medicine chest 1 Lamp 3 Shadowless lamp light (for OT and Labour room) 2 Side Wooden racks 4 Fans 6 Tube light 8 Basin 2 Basin stand 2 Sundry Articles including Linen: Buckets 4 Mugs 4 LPG stove 1 LPG cylinder 2	Maximum APHC is 110 so requirement is accordingly	**55 APHC are sanctioned that need all these furniture. Since almost all APHC are non-functional so, everywhere these furniture are required.**	**55**	All sanctioned/established APHC i.e 55

	Sauce pan with lid 2 Water receptacle 2 Rubber/plastic shutting 2 meters Drum with tap for storing water 2 I V stand 4 Mattress for beds 6 Foam Mattress for OT table 1 Foam Mattress for labour table 1 Macintosh for labour and OT table 4 metres Kelly's pad for labour and OT table 2 sets Bed sheets 6 Pillows with covers 8 Blankets 6 Baby blankets 2 Towels 6 Curtains with rods 20 metres				

Equipment	• Normal Delivery Kit • Equipment for assisted vacuum delivery • Equipment for assisted forceps delivery • Standard Surgical Set • Equipment for New Born Care and Neonatal Resuscitation • IUD insertion kit • Equipment / reagents for essential laboratory investigations • Refrigerator • ILR/Deep Freezer • Ice box • Computer with accessories including internet facility • Baby warmer/incubator. • Binocular microscope • Equipments for Eye care and vision testing • Equipments under various National Programmes • Radiant warmer for new borne baby • Baby scale • Table lamp with 200 watt bulb for new borne baby • Phototherapy unit • Self inflating bag and mask-neonatal size • Laryngoscope and Endotracheal intubation tubes (neonatal)	**Maximum APHC is 110 so requirement is accordingly**	**55 APHC are sanctioned that need all these equipments.**	**110**	All sanctioned/established HSC i.e 55

	• Mucus extractor with suction tube and a foot operated suction machine • Feeding tubes for baby 28 • Sponge holding forceps - 2 • Valsellum uterine forceps - 2 • Tenaculum uterine forceps – 2 • MVA syringe and cannulae of sizes 4-8 • Kidney tray for emptying contents of MVA syringe • Trainer for tissues • Torch without batteries – 2 • Battery dry cells 1.5 volt (large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles				
Drugs	Paracetamol Tab- 500mg per Tab. Paracetamol Syrup- 125mg/5ml-60ml Atropine - Inj. 0.6 mg per 1ml amps Ciprofloxacin - Tab	**Maximum APHC is 110 so requirement is accordingly**	**55 APHC are sanctioned that need all these equipments.**	110	All sanctioned/established HSC i.e 55

	500mg/Tab Co Trimoxazole Tab 160 + 800 mg Tab Gentamycin - Inj M.D. vial (40 mg/ml)-30ml vial Oxytocin - Inj-Amp 1 ml (5i.u./ml) 5% Dextrose 500 ml bottle B Complex Tab Gentamicin - Ear/Eye Drop 5 ml Promethazine - Inj-Amp. 2ml amps (25 mg/ml) Pentazocine Lactate Inj. Inj-Amp.- 1 ml (30 mg/ml) Diazepam - Inj-Amp. 2ml amps (5mg/ml) Cough Expectorant 100 ml pack Ampicillin 250mg Capsule Ampicillin 500mg Capsule Cetrizine Tablet - 10mg Doxycycline Capsule-100mg Etophylline & Theophylline Inj.- 2ml Fluconazole Tablet – 200mg Dicyclomine Tablets -20mg Dexamethasone Inj.- 4mg/ml- 10ml Vial Atropine Inj. 0.6mg/ml - 1ml Ampoule Lignocaine Solution 2% Solution 2%- 30ml Vial				

	Diazepam Tablet- 5mg Chlorpheniramine Maleate - Tablet- 4mg Cephalexin) - Capsule- 250mg Metronidazole - Tablet- 200mg Ranitidine Hydochloride - Tablet 150mg Metoclopramide - Tablet- 10mg Diethylcarbamazine - Tablet- 50mg Paracetamol Dicyclomine - Tablet (500mg+20mg) Fluconazole - Tablet 50mg Diethylcarbamazine - Tablet- 100mg Xylometazoline - Drops - 0.1% (Nasal) 10ml vial. A.R.V. Theophyline IP Combn. 25.3mg/ml Aminophyline Inj. IP 25mg/ml Adrenaline Bitrate Inj. IP 1mg/ml Methyl Ergometrine Maleate 125mg/Tablet, Injection Amoxycilline Trilhydrate IP 250mg/Capsule Amoxycilline Trilhydrate IP 250mg/Dispersible Tab. Phenoxymethyl Penicillin 130mg/ml				

	Vit K3 (Menadione Inj.) USP 100mg/ml Nalidixic Acid Tabs. 100mg/Tab Phenytoin Sodium Inj. IP 50mg/2ml Chlorpromazine Hydrochloride 25mg/ml Cephalexin /Ceptrofloxin 250mg/Tablet Sodium Chloride Inj. IP I.V. Solution 0.9w/v Gama Benzine hexa Chloride As decided by CS Plasma Volume Expander As decided by CS Inj. Magnesium Inj. 50% preparation Hydralazine Misoprostol 200mg/Tablet				
Laboratory	1. Routine urine, stool and blood tests 2. Bleeding time, clotting time, 3. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc. 4. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP) 5. Blood smear examination for malarial parasite. 6. Rapid tests for pregnancy / malaria 7. RPR test for Syphilis/YAWS	**Maximum APHC is 110 so requirement is accordingly**	**55 APHC are sanctioned that need all these equipments.**	**110**	All sanctioned/established APHC i.e 55

	surveillance 8. Rapid diagnostic tests for Typhoid (Typhi Dot) 9. Rapid test kit for fecal contamination of water 10. Estimation of chlorine level of water using ortho-toludine reagent				
Electricity	Wherever facility exists**,** uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	**Maximum APHC is 110 so requirement is accordingly**	**55 APHC are sanctioned that need power supply.**	**110**	All sanctioned/e stablished APHC i.e 55
Water	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere			
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided.	**Maximum APHC is 110 so requirement is accordingly**	**55 APHC are sanctioned that need Telephone facility.**	**110**	All sanctioned/e stablished APHC i.e
Transport	The APHC should have an ambulance for transport of patients. **This may be outsourced.**	**Maximum APHC is 110 so requirement is accordingly**	**55 APHC are sanctioned that need Telephone facility.**	**110**	All sanctioned/e stablished APHC i.e
Laundry and Dietary facilities	Laundry and Dietary facilities for indoor patients: **these facilities**	**Maximum APHC is 110 so requirement**	**55 APHC are sanctioned that need Telephone**	**110**	All sanctioned/e stablished APHC i.e

	can be outsourced.	is accordingly	facility.		

3.2.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11
Medical Officer MBBS – 1 Ayush - 1	2	2X110=220	17	203	2X55=110
Pharmacist	1	1X110=110	3	107	1X55=55
Nurse-midwife (Staff Nurse)	3	3X110=330	11	319	3X55=165
Health workers (F)	1	1X110=110	1	109	1X55=55
Health Educator	1	1X110=110	23	87	1X55=55
Health Asstt (Male & Female)	2	2X110=220	35	185	2X55=110
Clerks	2	2X110=220	30	190	2X55=110
Laboratory Technician	1	1X110=110	1	109	1X55=55
Driver	outsourced				
Class IV	4	4X110=440	33	407	4X55=220
					Total

3.2.3 Services And others

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	**Out of 55 only 12 APHC have its own building, remaining are running in rented building.**	**1**. Non payment of rent **2.** Land availability for new building	**1.** Ensuring payment of rent till own buildings are not constructed. **2.** Involve DM to arrange land.	**1.** Budget to construct 25 APHC is given above. Construction of building is time taking process. So, timely payment of rent is needed **2.** DM should instruct the CO to arrange land for HSC.
	Lack of Equipments, Drugs, Furniture, Power	**HSC are working but without resources**	Purchasing Equipments, Drugs, Furniture, Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.
	Formats/Registers and Stationeries (Untide fund)	**Always it is found that HSC is lacking stationeries**	Arrangements of fund for these miscellaneous expenses.	Untide fund provision under control of RKS.
Services of APHC	**No institutional delivery at APHC level**	**No services of delivery**	Arrange all required resources and manpower to start institutional delivery.	▪ Purchase Drug, equipments, furniture as per IPHS. ▪ Hire required manpower to support this service. ▪ Arrangement of Ambulance at APHC level to quickly send patients in bigger hospital in case of complications.

	Medical care	**Non Functional**	▪ OPD Services ▪ 24 hours emergency services ▪ Referral services ▪ In-patient services (6 beds)	▪ hours in the morning and 2 hours in the evening ▪ Minimum OPD attendance should be 40 patients per doctor per day. ▪ Appropriate management of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions ▪ Ambulance Service to support referral ▪ Provision of diet, light, laundry etc to start indoor service.

	Maternal and Child Health Care	**Non functional**	▪ Antenatal care ▪ Intra-natal care ▪ Postnatal Care ▪ New Born care ▪ Care of the child	▪ start immunization properly. ▪ start JBSY at APHC level ▪ Establish lab for minimum investigations like hemoglobin, urine albumin, and sugar, RPR test for syphilis ▪ Nutrition and health counseling ▪ Promotion of institutional deliveries ▪ Conducting of normal deliveries ▪ Assisted vaginal deliveries including forceps / vacuum delivery whenever required ▪ Manual removal of placenta ▪ Appropriate and prompt referral for cases needing specialist care. ▪ Management of Pregnancy Induced hypertension including referral ▪ Pre-referral management ▪ A minimum of 2 Postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-center staff. ▪ Initiation of early breast-feeding within half-hour of birth c) Education on

	Family Planning, Contraception & MTP	**No FP operation at APHC level.**	1. Start FP operation 2. Distribution of contraceptives such as condoms, oral pills, emergency contraceptives. 3. IUD insertions	▪ Education, Motivation and counseling to adopt appropriate Family planning methods. ▪ Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions. ▪ Permanent methods like Tubal ligation and vasectomy / NSV. ▪ Follow up services to the eligible couples adopting permanent methods ▪ Counseling and appropriate referral for safe abortion services (MTP) for those in need. ▪ Counseling and appropriate referral for couples having infertility.

	RNTCP	**No DOT center at APHC**	Treatment and Distribution of drug.	▪ All APHCs to function as DOTS Centers to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines.
	Integrated Disease Surveillance Project (IDSP)	No IDSP	Need to start IDSP	▪ APHC will collect and analyze data from sub-center and will report information to PHC surveillance unit. ▪ Appropriate preparedness and first level action in out-break situations. ▪ Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid and tests for detection of faucal contamination of water (Rapid test kit) and chlorination level.

	National Program for Control of Blindness (NPCB)	**No NPCB program**	Need to start NPCB Program	▪ Diagnosis and treatment of common eye diseases. ▪ Refraction Services. ▪ Detection of cataract cases and referral for cataract surgery.
	National AIDS Control Program		Starting AIDS control program at APHC level	▪ IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission ▪ Organizing School Health Education Programme (c) Screening of persons practicing high-risk behavior with one rapid test to be conducted at the APHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states. ▪ Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or

				District Hospital for PPTCT services. ▪ Linkage with Microscopy Center for HIV-TB coordination. ▪ Condom Promotion & distribution of condoms to the high risk groups. ▪ Help and guide patients with HIV/AIDS receiving ART with focus on Adherence.
	Leprosy, Malaria, Kala- azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease and providing treatments	▪ IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics ▪ Starting treatment of patients if reported. ▪ Referral facilities for better treatment.

3.3 Primary Health Center (PHC): Primary Health Centers exist to provide health care to every citizen of India within the allocated resources and available facilities. The Charter seeks to provide a framework which enables citizens to know.

- what services are available?
- the quality of services they are entitled to.
- the means through which complaints regarding denial or poor qualities of services will be addressed.

Objectives

- to make available medical treatment and the related facilities for citizens.
- to provide appropriate advice, treatment and support that would help to cure the ailment to the extent medically possible.
- to ensure that treatment is best on well considered judgment, is timely and comprehensive and with the consent of the citizen being treated.
- to ensure you just awareness of the nature of the ailment, progress of treatment, duration of treatment and impact on their health and lives, and
- to redress any grievances in this regard.

No. of Institutions (Primary Health center)

As per IPH standard at every 1,00,000 population one PHC has to be established.

District Population (2008)	Maximum PHC required as per IPH Norms @ 1,00,000 people	No. of PHC already sanctioned/established	Gaps in No. of PHC
3239283	32	19	13

To obtain 100% IPH standard -: Need to sanction 13 new PHC to achieve 100% IPH standard.

Task for 2010-11 -:

- **Out of 19 sanctioned PHC all 19 PHC are established and functioning. So, in financial year 2010-11, 25% of gaps i.e 3 PHC can be sanctioned more to minimize the gaps.**

3.3.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11
Physical Infrastructure	The PHC should have 30 indoor beds with one Operation theatre, labour room, X-ray facility and laboratory facility. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending on whether an OT facility is opted for.	**32** **(Max. PHC as per IPHS)**	**19 PHC are functional out of which 4 have no building. (Existing buildings require renovation)**	**16**	**4 new building**
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Examination table 3 Writing tables with table sheets 5 Plastic chairs 6 Armless chairs 8 Full steel almirah 4 Labour table 1 OT table 1 Arm board for adult and child 4 Wheel chair 1 Stretcher on trolley 1 Instrument trolley 2 Wooden screen 1 Foot step 5	Working PHC is 19 so requirement is accordingly	**19 PHC are sanctioned that need all these furniture.**	**19**	All sanctioned /established PHC i.e 19

	Coat rack 2 Bed side table 6 Bed stead iron 6 Baby cot 1 Stool 6 Medicine chest 1 Lamp 3 Shadowless lamp light (for OT and Labour room) 2 Side Wooden racks 4 Fans 6 Tube light 8 Basin 2 Basin stand 2 Sundry Articles including Linen: Buckets 4 Mugs 4 LPG stove 1 LPG cylinder 2 Sauce pan with lid 2 Water receptacle 2 Rubber/plastic shutting 2 meters Drum with tap for storing water 2 I V stand 4 Mattress for beds 6 Foam Mattress for OT table 1 Foam Mattress for labour table 1 Macintosh for labour and OT table 4 metres Kelly's pad for labour and OT table 2 sets Bed sheets 6 Pillows with covers 8 Blankets 6 Baby blankets 2 Towels 6 Curtains with rods 20 metres				

Equipment	• Normal Delivery Kit • Equipment for assisted vacuum delivery • Equipment for assisted forceps delivery • Standard Surgical Set • Equipment for New Born Care and Neonatal Resuscitation • IUD insertion kit • Equipment / reagents for essential laboratory investigations • Refrigerator • ILR/Deep Freezer • Ice box • Computer with accessories including internet facility • Baby warmer/incubator. • Binocular microscope • Equipments for Eye care and vision testing • Equipments under various National Programmes • Radiant warmer for new borne baby • Baby scale • Table lamp with 200 watt bulb for new borne baby • Phototherapy unit • Self inflating bag and mask-neonatal size • Laryngoscope and Endotracheal intubations tubes (neonatal) • Mucus extractor	**Working PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need all these equipments.**	**19**	All sanctioned /established PHC is 19

	with suction tube and a foot operated suction machine • Feeding tubes for baby 28 • Sponge holding forceps - 2 • Valsellum uterine forceps - 2 • Tenaculum uterine forceps – 2 • MVA syringe and cannulae of sizes 4-8 • Kidney tray for emptying contents of MVA syringe • Trainer for tissues • Torch without batteries – 2 • Battery dry cells 1.5 volt (large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles				
Drugs	Paracetamol Tab- 500mg per Tab. Paracetamol Syrup- 125mg/5ml-60ml Atropine - Inj. 0.6 mg per 1ml amps Ciprofloxacin - Tab	**Maximum PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need all these equipments.**	**19**	All sanctioned /established PHC i.e 19

	500mg/Tab Co Trimoxazole Tab 160 + 800 mg Tab Gentamycin - Inj M.D. vial (40 mg/ml)-30ml vial Oxytocin - Inj-Amp 1 ml (5i.u./ml) 5% Dextrose 500 ml bottle B Complex Tab Gentamicin - Ear/Eye Drop 5 ml Promethazine - Inj-Amp. 2ml amps (25 mg/ml) Pentazocine Lactate Inj. Inj-Amp.- 1 ml (30 mg/ml) Diazepam - Inj-Amp. 2ml amps (5mg/ml) Cough Expectorant 100 ml pack Ampicillin 250mg Capsule Ampicillin 500mg Capsule Cetrizine Tablet - 10mg Doxycycline Capsule-100mg Etophylline & Theophylline Inj.- 2ml Fluconazole Tablet – 200mg Dicyclomine Tablets -20mg Dexamethasone Inj.- 4mg/ml- 10ml Vial Atropine Inj. 0.6mg/ml - 1ml Ampoule Lignocaine Solution 2% Solution 2%- 30ml Vial				

	Diazepam Tablet- 5mg Chlorpheniramine Maleate - Tablet- 4mg Cephalexin) - Capsule- 250mg Metronidazole - Tablet- 200mg Ranitidine Hydochloride - Tablet 150mg Metoclopramide - Tablet- 10mg Diethylcarbamazine - Tablet- 50mg Paracetamol Dicyclomine - Tablet (500mg+20mg) Fluconazole - Tablet 50mg Diethylcarbamazine - Tablet- 100mg Xylometazoline - Drops - 0.1% (Nasal) 10ml vial. A.R.V. Theophyline IP Combn. 25.3mg/ml Aminophyline Inj. IP 25mg/ml Adrenaline Bitrate Inj. IP 1mg/ml Methyl Ergometrine Maleate 125mg/Tablet, Injection Amoxycilline Trilhydrate IP 250mg/Capsule Amoxycilline Trilhydrate IP 250mg/Dispersible Tab. Phenoxymethyl Penicillin 130mg/ml				

	Vit K3 (Menadione Inj.) USP 100mg/ml Nalidixic Acid Tabs. 100mg/Tab Phenytoin Sodium Inj. IP 50mg/2ml Chlorpromazine Hydrochloride 25mg/ml Cephalexin /Ceptrofloxin 250mg/Tablet Sodium Chloride Inj. IP I.V. Solution 0.9w/v Gama Benzine hexa Chloride As decided by CS Plasma Volume Expander As decided by CS Inj. Magnesium Inj. 50% preparation Hydralazine Misoprostol 200mg/Tablet				
Laboratory	1. Routine urine, stool and blood tests 2. Bleeding time, clotting time, 3. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc. 4. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP) 5. Blood smear examination for malarial parasite. 6. Rapid tests for pregnancy / malaria 7. RPR test for Syphilis/YAWS	**Maximum PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need all these equipments.**	**19**	All sanctioned /established PHC i.e 19

	surveillance 8. Rapid diagnostic tests for Typhoid (Typhi Dot) 9. Rapid test kit for fecal contamination of water 10. Estimation of chlorine level of water using ortho-toludine reagent				
Electricity	Wherever facility exists**,** uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	**Maximum PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need power supply.**	**19**	All sanctioned /established PHC i.e 19
Water	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere			
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided.	**19 PHC is existing so requirement is accordingly**	**15 existing PHC have telephone.**	**19**	4 Newly PHC requires new connection
Transport	The APHC should have an ambulance for transport of patients. **This may be outsourced.**	**19 PHC is existing so requirement is accordingly**	**19 existing PHC have Ambulance.**	**19**	All sanctioned /established PHC
Laundry and Dietary facilities	Laundry and Dietary facilities for indoor patients: **these facilities can be**	**19 PHC is existing so requirement is accordingly**	**All sanctioned PHC requires this facility.**	**19**	All sanctioned /established PHC i.e

	outsourced.				

3.3.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11
General Surgeon	1	19X1=19	4	15	15
Physician	1	19X1=19	2	17	17
Obstetrician/ Gynecologist	1	19X1=19	2	17	17
Pediatrics	1	19X1=19	1	18	18
Anesthetist	1	19X1=19	0	19	19
Health Manager	1	19X1=19	11	8	19
Eye surgeon	1	19X1=19	0	19	19
Nurse-midwife	9	19X9= 171	46	125	125
Dresser	1	19X1=19	3	16	16
Pharmacist/ compounder	1	19X1=19	2	17	17
Lab. Technician	1	19X1=19	5	14	14
Radiographer	1	19X1=19	0	19	19
Ophthalmic Assistant	1	19X1=19	0	19	19
Ward boys/ nursing orderly	2	19X2= 38	0	38	38
Sweepers	3	19X3= 57			
Chowkidar	1	19X1=19	0	19	19
OPD attendant	1	19X1=19	0	19	19
Statistical Assistant/ Data entry operator	1	19X1=19	15	4	4
OT attendant	1	19X1=19	0	19	19
Registration clerk	1	19X1=19	0	19	19
Accountant	1	19X1=19	12	7	7

3.3.3 Services And others

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	**Out of 19 only 15 PHC have its own building, remaining are running in rented building.**	**1**. Non payment of rent **2.** Land availability for new building	**1.** Ensuring payment of rent till own buildings are not constructed. **2.** Involve DM to arrange land.	**1.** Budget to construct 4 PHC is given above. Construction of building is time taking process. So, timely payment of rent is needed **2.** DM should instruct the CO to arrange land for HSC.
	Lack of Equipments, Drugs, Furniture, Power	**PHC are working but without resources**	Purchasing Equipments, Drugs, Furniture, Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.
	Formats/Registers and Stationeries (Untide fund)	**Always it is found that HSC is lacking stationeries**	Arrangements of fund for these miscellaneous expenses.	Untide fund provision under control of RKS.
Services of PHC	**Delivery at PHC level**	**Delivery services but with poor resources**	Arrange all required resources and manpower to improve the quality of institutional delivery.	▪ Purchase Drug, equipments, furniture as per IPHS. ▪ Hire required manpower to support this service. ▪

	Medical care		▪ Care of routine and emergency cases in surgery ▪ Care of routine and emergency cases in medicine ▪ ▪ New-born Care ▪ ▪ 24 hours emergency services ▪ Referral services ▪ In-patient services (6 beds)	▪ hours in the morning and 2 hours in the evening ▪ Minimum OPD attendance should be 40 patients per doctor per day. ▪ Appropriate management of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions ▪ Ambulance Service to support referral ▪ Provision of diet, light, laundry etc to start indoor service.

	Maternal and Child Health Care	**Non functional**	▪ 24-hour delivery services including normal and assisted deliveries ▪ Essential and Emergency Obstetric Care ▪ Antenatal care ▪ Intra-natal care ▪ Postnatal Care ▪ New Born care ▪ Care of the child	▪ improve quality of JBSY at PHC level ▪ Establish lab for minimum investigations like haemoglobin, urine albumin, and sugar, RPR test for syphilis ▪ Nutrition and health counseling ▪ Promotion of institutional deliveries ▪ Conducting of normal deliveries ▪ Assisted vaginal deliveries including forceps / vacuum delivery when ever required ▪ Manual removal of placenta ▪ Appropriate and prompt referral for cases needing specialist care. ▪ Management of Pregnancy Induced hypertension including referral ▪ Pre-referral management ▪ A minimum of 2 Postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-center staff. ▪ Initiation of early breast-feeding within half-hour of birth c) Education on nutrition,

	Family Planning, Contraception & MTP	**FP operation at PHC level.**	1. Full range of family planning services including Laproscopic Services 2. Safe Abortion Services 3. Distribution of contraceptives such as condoms, oral pills, emergency contraceptives. 3. IUD insertions	▪ Education, Motivation and counseling to adopt appropriate Family planning methods. ▪ Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions. ▪ Permanent methods like Tubal ligation and vasectomy / NSV. ▪ Follow up services to the eligible couples adopting permanent methods ▪ Counseling and appropriate referral for safe abortion services (MTP) for those in need. ▪ Counseling and appropriate referral for couples having infertility.

	RNTCP	**DOT center at PHC**	Treatment and Distribution of drug.	▪ All PHC function as DOTS Center to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines.
	Integrated Disease Surveillance Project (IDSP)	No IDSP	Need to start IDSP	▪ PHC will collect and analyze data from sub-center and will report information to PHC surveillance unit. ▪ Appropriate preparedness and first level action in out-break situations. ▪ Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid and tests for detection of faucal contamination of water (Rapid test kit) and chlorination level.

	National Program for Control of Blindness (NPCB)	**No NPCB program**	Need to start NPCB Program	▪ Diagnosis and treatment of common eye diseases. ▪ Refraction Services. ▪ Detection of cataract cases and referral for cataract surgery.
	National AIDS Control Program		Starting AIDS control program at PHC level	▪ IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission ▪ Organizing School Health Education Programme (c) Screening of persons practicing high-risk behavior with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states. ▪ Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with District

				Hospital for PPTCT services. ▪ Linkage with Microscopy Center for HIV-TB coordination. ▪ Condom Promotion & distribution of condoms to the high risk groups. ▪ Help and guide patients with HIV/AIDS receiving ART with focus on Adherence.
	Leprosy, Malaria, Kala- azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease and providing treatments	▪ IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics ▪ Starting treatment of patients if reported. ▪ Referral facilities for better treatment.

3.4 District Hospital: District Health System is the fundamental basis for implementing various health policies and delivery of healthcare, management of health services for define geographic areas. District hospitals is an essential component of the district health system and functions as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district.

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for DHs are:

i. To provide comprehensive secondary health care (specialist and referral services) to the community through the District Hospital.

ii. To achieve and maintain an acceptable standard of quality of care. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals

No. of Institutions (Sadar Hospital)

As per IPH standard one District Hospital at every district.

District Population (2008)	Maximum DH required as per IPH Norms	No. of DH already sanctioned/established	Gaps in No. of DH
3239283	**1**	**1**	**0**

To obtain 100% IPH standard -: Need to strength sanction 13 new PHC to achieve 100% IPH standard.

Task for 2010-11 -:

- **Need to provide required manpower, resources, drugs and equipments to minimize the gaps.**

3.4.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11
Physical Infrastructure	An area of 65-85 m^2 per bed has been considered to be reasonable. The area will include the service areas such as waiting space, entrance hall, registration counter, etc. In case of specific requirement of a hospital, flexibility in altering	**1**	**1**	**0**	**500 beds hospital is already proposed so need to complete it.**

	the area be kept.				
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Doctor's chair Doctor's Table Duty Table for Nurses Table for Sterilization use Long Benches Stool Wooden Stools Revolving Steel Cup-board Wooden Cup Board Racks -Steel – Wooden Patients Waiting Chairs Attendants Cots Office Chairs Office Table Foot Stools Filing Cabinets (for records) M.R.D. Requirements (record room use) Pediatric cots with railings Cradle Fowler's cot Ortho Facture Table Hospital Cots Hospital Cots Pediatric Wooden Blocks Back rest Dressing Trolley Medicine Almirah Bin racks ICCU Cots Bed Side Screen Medicine Trolley Case Sheet Holders with clip Bed Side Lockers Examination Couch Instrument Trolley Instrument Trolley Mayos Surgical Bin Assorted Wheel Chair Stretcher / Patience Trolley Instrument Tray Assorted Kidney Tray Assorted	For working 1 District Hospital as per requirement	**1 DH is sanctioned and working and need all these furniture.**	**1**	All sanctioned/ established PHC i.e 1

	Basin Assorted Basin Stand Assorted Delivery Table Blood Donar Table O2 Cylinder Trolley Saline Stand Waste Bucket Dispensing Table Wooden Bed Pan Urinal Male and Female Name Board for cubicals Kitchen Utensils Containers for kitchen Plate, Tumblers Waste Disposal - Bin / drums Waste Disposal - Trolley (SS) Linen Almirah Stores Almirah Arm Board Adult Arm Board Child SS Bucket with Lid Bucket Plastic Ambu bags O2 Cylinder with spanner ward type Diet trolley - stainless steel Needle cutter and melter Thermometer clinical Thermometer Rectal Torch light Cheatles forceps assortted Stomach wash equipment Infra Red lamp Wax bath Emergency Resuscitation Kit-Adult Enema Set				

Equipment	As per IPHS norms • Imaging Equipment • X-ray room accessories • Cardiac equipments • Labor ward equipments • Equipment for New Born Care and Neonatal Resuscitation ▪ ENT equipment ▪ Eye equipment ▪ Dental Equipment ▪ Laboratory equipments ▪ OT equipment ▪ Surgical equipment ▪ Physiotherapy equipments ▪ Endoscopes equipments ▪ Anesthesia equipments • IUD insertion kit • Equipment / reagents for essential laboratory investigations • Refrigerator • ILR/Deep Freezer • Ice box • Computer with accessories including internet facility • Baby warmer/incubator. • Binocular microscope • Equipments for Eye care and vision testing • Equipments under various National Programmes • Radiant warmer for new borne baby • Baby scale • Table lamp with	**Working DH is 1 so requirement is accordingly**	**1 DH is sanctioned that need all these equipments.**	1	One sanctioned/ established DH

	200 watt bulb for new borne baby • Photo therapy unit • Self inflating bag and mask-neonatal size • Laryngoscope and Endotracheal intubations tubes (neonatal) • Mucus extractor with suction tube and a foot operated suction machine • Feeding tubes for baby 28 • Sponge holding forceps - 2 • Valsellum uterine forceps - 2 • Tenaculum uterine forceps – 2 • MVA syringe and cannulae of sizes 4-8 • Kidney tray for emptying contents of MVA syringe • Trainer for tissues • Torch without batteries – 2 • Battery dry cells 1.5 volt (large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles				
Drugs	Dicyclomine Inj- Atropine - Inj. Norfloxacin- Tab Ciprofloxacin - Tab Ciprofloxacin - Tab				

	Co Trimoxazole Tab Amoxicillin- Cap Gentamycin - Inj Albendazole Alprazolam - Tab Ranitidine - Inj Oxytocin - Inj-Amp Methyl Ergometrine Glibenclamide 5% Dextrose 5% Dextrose + 0.9% B Complex Silver Sulphadiazine oint - Promethazine - Inj-Amp. Pentazocine Lactate Inj. Diazepam - Inj-Amp. Cough Expectorant Ampicillin Ciprofloxacin Thiopentone Cetrizine Doxycycline Ampicillin & Cloxacilin Etophylline & Theophylline Dopamine Hydrochloride Adrenaline Sodium Bicarborate Tinidazole Fluconazole Clotrimazole Cream Dicyclomine Tablets Dexamethasone Digoxin Metformin Atropine Lignocaine Solution 2% Cetrimide Concenterated Diazepam Diclofenac Sodium Carbamazepine Carbamazepine Cephalexin Metronidazole Metronidazole Cefotaxime Atenolol Furosemide Ranitidine Hydochloride Metoclopramide Isosorbide Dinitrate Diethylcarbamazine Ciprofloxacin Metronidazole Cefotaxime Enalapril Enalapril Chloramphenicol Alprazolam Tramadol Dexamethasone Cefotaxime Amlodipine Erythromycin Stearate Cetrizine Omeprazole Prednisolone Diethylcarbamazine				

	Ampicillin Sodium Atenolol Hydroxy progesterone acetate Xylometazoline Prednisolone Betamethasone Chloram Phenicol Bupivacaine Hydrochloride Succinyl Choline Intermediate acting insulin Lente/NPH Insulin Insulin injection (Soluble) - Inj. 40IU/ml premix insulin (30/70 Human) A.S.V.S. ARV				
Electricity	Wherever facility exists, uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	**1 District Hospital**	**1 DH is sanctioned that need power supply.**	**1**	All sanctioned/ established DH i.e 1
Water	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere			
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided.	**3 Telephone connections required**	**1 telephone is existing.**	**1**	2 new connection required
Transport	The APHC should have an ambulance for transport of patients. **This may be outsourced.**	**3 ambulance & 1 Vehicle required**	**1 ambulance existing.**	**1**	
Laundry, Dietary and Cleaning	**Laundry, Dietary and cleaning work can be outsourced.**	**For 1 existing District**	**One existing DH requires this facility.**	**1**	

facilities		Hospital			

3.4.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11
Hospital Superintendent	1	1X1=1	1	0	0
Medical Specialist	3	3X1=3	1	2	2
Surgery Specialists	3	3X1=3	1	2	2
O&G specialist	6	6X1=6	2	4	4
Psychiatrist	1	1X1=1	0	1	1
Dermatologist / Venereologist	1	1X1=1	1	1	1
Pediatrician	3	3X1=3	1	2	2
Anesthetist (Regular / trained)	6	6X1= 6	1	5	5
ENT Surgeon	2	2X1=2	1	1	1
Ophthalmologist	2	2X1=2	1	1	1
Orthopedic an	2	2X1=2	1	1	1
Radiologist	1	1X1=1	0	1	1
Casualty Doctors / General Duty Doctors	20	20X1= 20	2	18	18
Dental Surgeon	1	1X1=1	1	1	0
Health Manager	1	1X1=1	1	0	1
AYUSH Physician	4	4X1=4	0	4	4
Pathologists	2	2X1=2	1	1	1
Staff Nurse	20	20X1=20	4	16	16
Hospital worker (OP/ward +OT+ blood bank)	20	20X1=20	7	13	13
Ophthalmic Assistant	2	2X1=2	1	1	1
ECG Technician	1	1X1=1	0	1	1
Laboratory Technician (Lab + Blood Bank)	4	4X1=4	1	3	3

Maternity assistant (ANM)	4	4X1=4	4	4	0
Radiographer	2	2X1=2	0	2	2
Pharmacist[1]	6	6X1=6	2	4	4
Physiotherapist	2	2X1=6	0	2	2
Statistical Assistant	1	1X1=1	0	1	1

3.4.3 Services And others

As per IPHS norms

CHAPTER – 4

DISTRICT LEVEL PROGRAMMES ANALYSIS

4.1 Strengthening of District Health Management

Situation Analysis/ Current Status	The District Health Mission and Society have formed been registered in Siwan. There are 8 members with the District Magistrate as the chairman, the DDC as the vice-chairman and the Civil Surgeon as the member secretary of the society. The others members are the ACMO, RCH officer, superintendent sadar hospital, CEO nagar parishad, IMA secretary and District Welfare Officer. The Governing body meetings are held monthly under the chairmanship of the DM. Although the DHS formed and meetings conducted regularly but it needs proper training on planning and management.
Objectives / Milestones/ Benchmarks	District Health Society to make functional and empower to plan, implement and monitor the progress of the health status and services in the district.
Strategies	1. Capacity building of the members of the District Health Mission and District Health Society regarding the program, their role, various schemes and mechanisms for monitoring and regular reviews 2. Establishing Monitoring mechanisms 3. Provide ASHA as link workers to mobilize the community to strengthen health seeking behaviour and to promote proper utilization of health services.
Activities	1. Orientation Workshop of the members of the District health Mission and society on strategic management, financial management & GoI/GoH Guidelines. 2. Issue based orientation in the monthly Review and planning meetings as per needs. 3. Improving the Review and planning meetings through a holistic review of all the programmes under NRHM and proper planning. 4. Formation of a monitoring Committee from all departments. 5. Development of a Checklist for the Monitoring Committee. 6. Arrangements for travel of the Monitoring Committee 7. Sharing of the findings of the committee during the Field visits in each Review Meeting with follow-up of the recommendations.
Support required	1. Technical and financial assistance needs to be imparted for orientation and integration of societies. 2. A GO should be taken out that at the district level each department should monitor the meetings closely and ensure follow-up of the recommendations. 3. Instructions & directions from GoH for proper functioning of the societies and monitoring committee. 4. Funds to maintain society office & staff.

Timeline	2010-11 1.Orientation Workshops of the members of the District Health Mission and District Health society 1. Issues based workshops will be organized. 2. Formation of the monitoring Committee and will start the monitoring visits. 3.Reorientation Workshops 4.Workshops as per need 5.Strengthening of the Monitoring Committee

4.2 District Programme Management Unit

Status	In NRHM a large number of activities have been introduced with very definite outcomes. The cornerstone for smooth and successful implementation of NRHM depends on the management capacity of District Programme officials. The officials in the districts looking after various programmes are overworked and there is immense pressure on the personnel. There is also lack of capacities for planning, implementing and monitoring. The decisions are too centralized and there is little delegation of powers. In order to strengthen the district PMU, three skilled personnel i.e. Programme Manager, Accounts Manager and Data Assistant have being provided in each district. These personnel are there for providing the basic support for programme implementation and monitoring at district level. The District Programme Manager is responsible for all programmes and projects in district and the District Accounts Manager (DAM) is responsible for the finance and accounting function of District RCH Society including grants received from the state society and donors, disbursement of funds to the implementing agencies, preparation of submission of monthly/quarterly/annual SoE, ensuring adherence to laid down accounting standards, ensure timely submission of Ucs, periodic internal audit and conduct of external audit and implementation of computerized FMS. The District Nodal M & E Officer has to work in close consultation with district officials, facilitate working of District RCH Society, maintain records, create and maintain district resource database for the health sector, inventory management, procurement and logistics, planning and monitoring & evaluation, HMIS, data collection and reporting at district level. There is a need for providing more support to the CMHO office for better implementation especially in light of the increased volume of work in NRHM, monitoring and reporting especially in the areas of Maternal and Child Health, Civil works, Behavior change and accounting right from the level of the Sub center. The Civil surgeon's office is located in the premises of the only General hospital in the district due to which the hospital cannot expand and take on additional

	patients. The office of the District Family Welfare officer and other district health officials is also in hospital premises.
Objectives	Strengthened District Programme Management Unit
Strategies	1. Support to the Civil surgeon proper implementation of NRHM. 2. Capacity building of the personnel 3. Development of total clarity at the district and the block levels amongst all the district officials and Consultants about all activities 4. Provision of infrastructure for the personnel 5. Training of district officials and MOs for management 6. Use of management principles for implementation of District NRHM 7. Streamlining Financial management 8. Strengthening the Civil Surgeon's office 9. Strengthening the Block Management Units 10. Convergence of various sectors

Activities	1. **Support to the Civil surgeon** for proper implementation of NRHM through proper involvement of DPMU and more consultants for support to civil surgeon for data analysis, trends, timely reports and preparation of documents for the day-to-day implementation of the district plans so that the Civil Surgeon and the other district officers: • Finalizing the TOR and the selection process • Selection of consultants, one each for Maternal Health, Civil Works, Child health, Behavior change. If properly qualified and experienced persons are not available then District Facilitators to be hired which may be retired persons. **2. Capacity building of the personnel** • Joint Orientation of the District officers and the consultants • Induction training of the DPM and consultants • Training on Management of NRHM for all the officials • Review meetings of the District Management Unit to be used for orientation of the consultants 3. **Development of total clarity in the Orientation workshops** and review meetings at the district and the block levels amongst all the district officials and Consultants about the following set of activities: • Disease Control • Disease Surveillance • Maternal & Child Health • Accounts and Finance Management • Human Resources & Training • Procurement, Stores & Logistics • Administration & Planning • Access to Technical Support • Monitoring & MIS • Referral, Transport and Communication Systems • Infrastructure Development and Maintenance Division • Gender, IEC & Community Mobilization including the cultural background of the Meos

	• Block Resource Group • Block Level Health Mission • Coordination with Community Organizations, PRIs • Quality of Care systems 4. **Provision of infrastructure for officers**, DPM, DAM, DDM and the consultants of the District Project Management Unit. • Provision of office space with furniture and computer facilities, photocopy machine, printer, Mobile phones, digital camera, fax, Laptop etc; **5. Use of Management principles for implementation of District NRHM** • Development of a detailed Operational manual for implementation of the NRHM activities in the first month of approval of the District Action Plan including the responsibilities, review mechanisms, monitoring, reporting and the time frame. This will be developed in participatory consultative workshops at the district level and block levels. • Financial management training of the officials and the Accounts persons • Provision of Rs. 500000 as Untied funds at the district level under the jurisdiction of the Civil Surgeon • Compendium of Government orders for the DC, Civil surgeon, district officers, hospitals, CHCs, PHCs and the Subcentres need to be taken out every 6 months. Initially all the relevant documents and guidelines will be compiled for the last two years. 6. **Strengthening the Block Management Unit**: The Block Management units need to be established and strengthened through the provision of : • Block Programme Managers (BPM), Block Accounts Managers (BAM) and Block Data Assistants (BDA) for each block. These will be hired on contract. For the post of BPM and the BAM retired persons may also be considered. • Office setup will be given to these persons • Accountants on contract for each PHC since under NRHM Subcentres have received Rs 10,000, also the village committees will get Rs 10,000 each, besides the funds for the PHCs. • Provision of Computer system, printer, Digital Camera with date and time, furniture **7. Convergence of various sectors at district level** • Provision of Convergence fund for workshops, meetings, joint outreach and monitoring with each Civil Surgeon 8. **Monitoring the Physical and Financial progress** by the officials as well as independent agencies 9. **Yearly Auditing** of accounts
Support from state	1. State should ensure delegation of powers and effective decentralization. 2. State to provide support in training for the officials and consultants. 3. State level review of the DPMU on a regular basis. 4. Development of clear-cut guidelines for the roles of the DPMs, DAM and District Data Manager.

	5. Developing the capacities of the Civil Surgeons and other district officials to utilize the capacities of the DPM, DAM and M & E Ofully. 6. Each of the state officers Incharge of each of the programmes should develop total clarity by attending the Orientation workshops and review meetings at the district and the block levels for all activities.
Time Frame	2010-11 • Selection of District level consultants, their capacity building and infrastructure • Development of an operational Manual 2010-11 • Selection of Block management units and provision of adequate infrastructure and office automation • Capacity building up of District and Block level Management Units • Training of personnel • Reorientation of personnel

4.3 Maternal Health & JBSY

Objectives	1. 100% pregnant women to be given two doses of TT 2. 90% pregnant women to consume 100 IFA tablets by 2011 3. 70% Institutional deliveries by 2011 4. 90% deliveries by trained /Skilled Birth Attendant by 2011 5. 95% women to get improved Postnatal care by 2011 6. Increase safe abortion services from current level to 80 % by 2011
Strategies	1. Provision of quality Antenatal and Postpartum Care to pregnant women 2. Increase in Institutional deliveries 3. Quality services in the health facilities 4. Availability of safe abortion services at all APHC and PHC 5. Increased coverage under JBSY 6. Strengthening the Maternal, Child Health and Nutrition (MCHN) days 7. Improved behavior practices in the community
Activities	1. Identification of all pregnancies through house-to-house visits by ANMs, AWWs and ASHAs 2. Fixed Maternal, Child Health and Nutrition days • Once a week ANC clinic by contract LMO at all PHCs and CHCs • Development of a microplan for ANMs in a participatory manner • Wide publicity regarding the MCHN day by AWWs and ASHAs and their services • A day before the MCHN day the AWW and the ASHA should visit the homes of the pregnant women needing services and motivate them to attend the MCHN day • Registration of all pregnancies

	• Each pregnant woman to have at least 3 ANCs, 2 TT injections and 100 IFA tablets • Nutrition and Health Education session with the mothers 3. Postnatal Care • The AWW along with ANM will use IMNCI protocols and visit neonates and mothers at least thrice in first week after delivery and in total 5 times within one month of delivery. They will use modified IMNCI charts to identify problems, counsel and refer if necessary 4. Tracking bags • Provision of tracking bags for the left outs and the dropout Pregnant mothers • Training of ANMs and AWWs for the use of Tracking bags 5. Provision of Weighing machines to all Subcentres and AWCs 6. Availability of IFA tablets • ASHAs to be developed as depot holders for IFA tablets • ASHA to ensure that all pregnant women take 100 IFA tablets 7. Training of personnel for Safe motherhood and Emergency Obstetric Care (Details in Component on Capacity building) 8. Developing the APHC and PHC for quality services and IPHS standards (Details in Component Upgradation of APHC & PHCs and IPHS Standards) 9. Availability of Blood at the General Hospital and PHC • Establishing Blood storage units at GH and PHC • Certification of the Blood Storage centres 10. Improving the services at the Subcentres (Details in Component on Upgradation of Subcentres and IPHS) 11. Behaviour Change Communication (BCC) efforts for awareness and good practices in the community (Details in Component on IEC) 12. Increasing the Janani Suraksha coverage • Wide publicity of the scheme (Details in Component on BCC …) • Availability of advance funds with the ANMs • Timely payments to the beneficiary • Starting of Janani Suraksha Yojana Helpline in each block through Swasthya Kalyan Samitis 13. Training of TBAs focussing on their involvement in MCHN days, motivating clients for registration, ANC, institutional deliveries, safe deliveries, post natal care, care of the newborn & infant, prevention and cure of anaemia and family planning 14. Safe Abortion: • Provision of MTP kits and necessary equipment and consumables at all PHCs • Training of the MOs in MTP • Wide publicity regarding the MTP services and the dangers of unsafe abortions • Encourage private and NGO sectors to establish quality MTP services. • Promote use of medical abortion in public and private institutions: disseminate guidelines for use of RU-486 with Mesoprestol 15. Development of a proper referral system with referral cards 16. Improvement of monitoring of ANM tour programme and Fixed MCHN days • Fixed MCHN days and Tour plan of ANM to be available at the PHCs with the

	MOs • Checklist for monitoring to be developed • Visits by MOs and report prepared on basis of checklist filled • Findings of the visits by MOs to be shared by MO in meetings 17. RCH Camps: These will be organized once each quarter through NGOs/Rotary/Lions clubs to provide specialist services especially for RTI/STD cases.
State support	1. Issue of joint letters from Health & ICDS department for joint working 2. Ensuring availability of personnel especially specialists and Public Health Nurses for the 24 hour PHCs, APHC and two ANMs at the subcenter 3. Ensuring availability of formats and funds with the ANM for JBSY and timely payments 4. Certification of PHCs as MTP centres 5. The State should closely monitor the progress of all the activities

4.4 Newborn & Child Health

Breast feeding: As per DLHS 2002, only 11.9% mothers breastfeed their children within two hours of birth and 4.8% children were breastfed exclusively for stipulated period of 4 months. There is lack of knowledge regarding the significance of colostrums and the socio-cultural factors associated with it. **Childhood illnesses** Diarrhea: Under nutrition is associated with diarrhea, which further leads to malnutrition. According to the DLHS 2002 although three fourths of the women were aware of what was to be done when a child got diarrhea but in practice very few women gave Oral Rehydration Solution (ORS) to the child and a negligible percentage gave more fluids to drink. This shows that there is a need for more knowledge regarding the use of ORS and increased intake of fluids and the type of food to be given. Pneumonia: There is a need to create awareness regarding the danger signs of Pneumonia since only half of the women are aware of danger signs of pneumonia as per DLHS 2002. **Newborn and Neonatal Care:** There is very little data available for the newborns and the neonates. The District data shows that a negligible percentage of newborns and neonates died which is doubtful. Reporting regarding these deaths is not done properly. The various health facilities also are poorly equipped to handle newborn care and morbidity. The TBAs and the personnel doing home deliveries are unaware regarding the neonatal care especially warmth, prevention of infection and feeding of colostrum.
1. Reduction the IMR. 2. Increased proportion of women who are exclusively breastfed for 6 months to 100% 3. Increased in Complete Immunization to 100% 4. Increased use of ORS in diarrhea to 100% 5. Increased in the Treatment of 100% cases of Pneumonia in children

6. Increase in the utilization of services to 100%
1. Improving feeding practices for the infants and children including breast feeding 2. Promotion of health seeking behavior for sick children 3. Community based management of Childhood illnesses 4. Improving newborn care at the household level and availability of Newborn services in all PHCs & hospitals 5. Enhancing the coverage of Immunization 6. Zero Polio cases and quality surveillance for Polio cases
1. Improving feeding practices for the infants and children including breast feeding • Study on the feeding practices for knowing what is given to the children • Education of the families for provision of proper food and weaning • Educate the mothers on early and exclusive breast feeding and also giving Colostrums • Introduction of semi-solids and solids at 6 months age with frequent feeding • Administration of Micronutrients – Vitamin A as part of Routine immunization, IFA and Vitamin A to the children who are anemic and malnourished **2.** Promotion of health seeking behavior for sick children and Community based management of Childhood illnesses • Training of LHV, AWW and ANM on IMCI including referral • BCC activities by ASHA, AWW and ANM regarding the use of ORS and increased intake of fluids and the type of food to be given • Availability of ORS through ORS depots with ASHA • Identification of the nearest referral center and also Transport arrangements for emergencies with the PRIs and community leaders with display of the referral center and relevant telephone numbers in a prominent place in the village **3.** Improving newborn care at the household level • Adaptation of the home based care package of services and scheduling of visits of all neonates by ASHA/AWW/ANM on the 1st, 2nd, 7th, 14th and 28th day of birth. • In case of suspicion of sickness the ASHA /AWW must inform the ANM and the ANM must visit the Neonate • Referral of the Neonate in case of any symptoms of infection, fever and hypothermia, dehydration, diarrhea etc; • Training on IMNCI of ASHA/AWW/ANM/MOs on the home based Care package • Supply of medicine kit and diagnosis and treatment protocols (chart booklets) for implementation of the IMNCI strategy • Strengthening the neonatal services and Child care services in Sadar hospital Siwan and all PHC. This will be done in phases. • In all of these units, newborn corners would be established and staff trained in management of sick newborns and immediate management of newborns. For all the equipment for establishing newborn corners, a five year maintenance contract would be drawn with the suppliers. The suppliers would also be responsible for installing the equipment and training the local staff in basic

operations

- The equipment required for establishing a newborn corner would include Newborn Resuscitation trolley, Ambubag and masks (newborn sizes), Laryngoscopes, Photo therapy units, Room warmers, Inverters for power back-up, Centralized oxygen and Pedal suctions
- Training of staff in Newborn Care, IMNCI and IMCI (MOs, Nurses) including the management of sick children and severely malnourished children.
- Availability of Pediatricians in all the District hospital and PHCs
- Ensuring adequate drugs for management of Childhood illnesses.

4. Strengthening the fixed Maternal and Child health days (Also discussed in the component on Maternal Health)

- Developing a Micro plan in joint consultation with AWW
- Organize Mother and Child protection sessions twice a week to cover each village and hamlet at least once a month
- Use of Tracking Bag
- Tracking of Left-outs and dropouts by ASHA, AWW and contacting them a day before the session
- Information of the dropouts to be given by ANM to AWW and ASHA to ensure their attendance
- Wide publicity regarding the MCHN days

5. Strengthening Immunization

1. Availability of trained staff including Pediatricians
2. Technical Support for training of the personnel
3. Timely availability of vaccines, drugs and equipment
4. Good cooperation with the ICDS and PRIs

4.5 Family Planning

Situation Analysis/ Current Status

Indicators	No. or Rate
Eligible Couple	5,50,770
% of Female Sterilization operations DLHS-03	17.2%
% of male Sterilization operations DLHS-03	0.2%
% of Couples using temporary method DLHS-03	24%

The awareness regarding contraceptive methods is high except for the emergency contraception. This is because of inadequate IEC carried out for Emergency Contraception

Currently 24% couples are using temporary methods of contraception and 17.4% have permanent sterilization (mainly Female sterilization). In temporary methods commonest use is of Condom, which has a high failure rate. Use of Copper –T is low. The community prefers female sterilization since there is gender imbalance and limited male involvement. Women also do not have decision-making power.

The reasons for the low use of permanent methods and Copper -T are due to inadequate motivation of the clients, inadequate manpower, limited skills of the ANMs for IUD insertion and also their irregular availability. The rejection rate is high since proper screening is not done before prescribing any spacing method.

	Copper T-380 – 10 year Copper T has been recently introduced but there is very little awareness regarding its availability. There is a need to promote this 10 yr Copper T Some socio-cultural groups have low acceptance for Family Planning. Promotion efforts for Vasectomy have been very infrequent and only 222 men have undergone Vasectomy. The current number of trained providers for sterilization services is insufficient.
Objectives	1. Reduction in Total fertility Rate. 2. Increase in Contraceptive Prevalence Rate to 70 % 3. Decrease in the Unmet need for modern Family Planning methods to 0% 4. Increase in the awareness levels of Emergency Contraception
Strategies	1. Increased awareness for Emergency Contraception and 10 yr Copper T 2. Decreasing the Unmet Need for Family Planning 3. Availability of all methods at all places 4. Increasing access to terminal methods of Family Planning 5. Promotion of NSV 6. Expanding the range of Providers 7. Increasing Access to Emergency Contraception and spacing methods through Social marketing 8. Building alliances with other departments, PRIs, Private sector providers and NGOs
Activities	• **1.** Expanding the range of Public Sector providers for Terminal methods • Each APHC and PHC will have one MO trained in any sterilization method. • All the APHC/PHC will have at least one MO posted who can be trained for abdominal Tubectomy. This method does not require a postgraduate degree or expensive equipment. • Similarly MOs will be trained for NSV • Specialists from District hospitals and PHCs will be trained in Laparoscopic Tubal Ligation. • At PHCs, one medical officer will be trained in NSV • Each PHC will be a static center for the provision of sterilization services on regular basis. The Static centers will be developed as pleasant places, clean, good ambience with TV, music, good waiting space and clean beds and toilets. • At selected PHCs where the EmOC intervention is undertaken, the medical officer will be trained for NSV. • Equipments and supplies will be provided at APHC and PHC for conducting sterilization services. • A systemic effort will be made to assess the needs of all facilities, including staff in position and their training needs, the availability of electricity and water, Operation theatre facilities for District hospitals/PHC/APHC, Inventory of equipment, consumables and waste disposal facilities and the condition, location and ownership of the building. • At least three functional Laparoscope's will be made available per team, as will the equipment and training necessary to provide IUD and emergency

	contraception services. The existing Laparoscope's need to be replaced. For effective coverage 4 teams are required with minimum three Laparoscope's for each team. • Vacant positions will be filled in on a contractual basis. • Access to Terminal Family Planning methods • Provision of Sterilization services every day in all the 3 hospitals • Organization of Sterilization camps on fixed days at all PHC • NSV • **2.** Formation of District implementation team consisting of DM, CS, District MEIO, Distt NSV trainer • One day Workshop with elected representatives, Media, NGOs, departments for sensitization and implementation strategy, fixing pre-camp, camp and post-camp responsibilities • Development of a Micro plan in one day Block level workshops • NSV camp every quarter in all hospitals initially and then PHCs and APHCs • IEC for NSV • Trained personnel • Follow-up after NSV camp on fixed days after a week and after 3 months for Semen analysis • Access to non-clinical contraceptives increased in all the villages • AWWs and ASHAs as Depot holders • **3.** Training in Spacing methods, Emergency Contraceptives and interpersonal communication for dissemination of information related to the contraceptives in an effective manner. • Supply of Emergency Contraceptives to all facilities • Access for the quality IUD insertion improved at all the 75 subcentres. • All the ANMs at 75 subcentres will be given a practical hands on training on insertion of IUD • **4.** Diagnosis and treatment of RTI/STI as per syndromic approach. The various screening protocols related to the IUD insertion enabling her to screen the cases before the IUD insertion. This will result in longer retention of IUDs. • Counseling of the cases • Repair of subcentres so that the IUD services can be provided and ensuring privacy and confidentiality. • IUD 380 A will be used due to its long retention period and can be used as an alternative for sterilization. • Awareness on the various methods of contraception for making informed choices • Discussed in the Component on IEC • **5.** Increasing the gender awareness of providers and increasing male involvement • Empowering women • Increasing male involvement in family planning through use of condoms

	for safe sex and also in Vasectomy. • BCC activities to focus on men for Vasectomy. • Gender sensitization training will be provided for all health providers in the CHC/PHC and integrated into all other training activities. • Service delivery sites for male methods by training health providers in NSV and conventional vasectomy will be expanded so that each CHC and Block PHC in the district has at least a provider trained in NSV. • **6.** Improving and integrating contraceptives/RCH services in PHCs and Sub-centers • Skill-based clinical training for spacing methods including IUCD insertion and removal, LAM, SDM and EC of Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs). • They will also be trained in infection prevention, counselling and follow up for different family planning methods. • MIS training will also be given to the health workers to enable them to collect and use the data accurately. • Their supervisors will be trained for facilitative supervision and MIS. • Follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers • **7.** Strengthening linkages with ICDS programme of women and child development department and ISM (Ayurveda) • A detailed action plan will be produced in co-ordination with the ICDS department for involvement of the AWWs and their role in increasing access to contraceptive services. • Department of health officials and ICDS officers will be orientated to the plan. • AWWs and their supervisors will receive technical training and training in communication skills and record keeping by Medical Officer of the PHC and LHV. • Staff of ISM department will be trained in communication and non-clinical methods to promote and increase the availability of FP methods. • **8.** Engaging the private sector to provide quality family planning services • Incentives and training to encourage private providers to provide sterilization services • Training private lady doctors in IUD insertion and promoting the provider will help to expand coverage of these services increase the total use of IUCD. • Detailed plan will be developed in consultation with the private sector for determining the amount and mode of payment, the regulation and monitoring frameworks necessary, and safeguards to ensure equity of access. • Training for the private sector will be provided as above, and approved, monitored providers will be promoted and eligible for discounted supplies. • Accreditation of private hospitals and clinics for sterilization and NSV • **9.** Role of ASHAs:

	• Training for provide counseling and services for non-clinical FP methods such as pills, condoms and others. • Act as depot holders for the supplies of pills and condoms by the ANMs for free distribution • Procurement of pills and condoms from social marketing agencies and provide these contraceptives at the subsidized rate • Provide referral services for methods available at medical facilities • Assist in community mobilization and sensitization. • Building partnerships with NGOs • Creating an enabling environment for increasing acceptance of contraceptive services Innovative schemes will be developed for reaching out to younger men, women, newly married couples and resistant communities. • These will be and scaled up as appropriate.
Support required	• Availability of a team of master trainers/ANM tutors and RFPTC trainers for follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers • A training cell will be created in the medical college for the training of the medical officers in the area of various sterilization methods • Availability of equipment, supplies and personnel
Timeline	

	2010-11
Training of MOs for NSV	10 MOs
Training of MOs for Minilap	5 MOs
Training of Specialists for Laparoscopic Sterilization	3 MOs
Sterilization Camps (Persons)	15000
Accreditation of private institutions for sterilization	10
Supply of Copper T – 380	5000
Emergency Contraception	3000

4.6 ASHA (Accredited Social Health Activist)

Situation Analysis	ASHA is an honorary worker and will be reimbursed on performance-based incentives and will be given priority for involvement in different programmes wherever incentives are being provided (like institutional delivery being promoted under JBSY, motivation for sterilization, DOTS provider, etc.). It is conceived that she will be able to earn about Rs. 1,000.00 per month In district Siwan 2538 ASHAs have been selected and 2327 have received training.
Objectives	1. Availability of a Community Resource, service provider, guide, mobilizer and escort of community 2. Provision of a health volunteer in the community at 1000 population for healthcare 3. To address the unmet needs
Strategies	1. Selection and capacity building of ASHA. 2. Constant mentoring, monitoring and supportive supervision by district Mentoring group

Activities	1. Strengthening of the existing ASHAs through support by the ANMs and their involvement in all activities. 2. Reorientation of existing ASHAs 3. Selection of new ASHAs to have one ASHA in all the villages and in urban slums 4. Provision of a kit to ASHAs 5. Formation of a District ASHA Mentoring group to support efforts of ASHA and problem solving 6. Review and Planning at the Monthly sector meetings 7. Periodic review of the work of ASHAs through Concurrent Evaluation by an independent agency
Support required	1. Timely Payments to ASHA 2. Proper training.
Timeline	

Activity	**2010-11**
Selection of additional ASHAs	662
Total ASHAs	2538
Training of new & untrained ASHAs	211
Reorientation of the initial ASHAs	211
District ASHA Mentoring group	x

4.7 Immunization

Situation Analysis/ Current Status	As per DLHS 3 BCG immunization coverage is 87.1% but full immunization coverage is 52.4% only. It indicates the dropout rate is very high. This is also fact that some children belonging to upper and middle class family get immunized from private health facilities which data is not available. But still in our district some children are remaining unimmunized. Regarding Vitamin A supplement 70.3% of the children got at least one dose of Vitamin A. The reasons for children not being Immunized are related to the ignorance of the mothers on the importance of immunization, the place and time of Immunization sessions and fear of side effects. The community perceives that the Polio drops given repeatedly at the time of Pulse Polio campaign are equivalent to the complete immunization. The ANMs have to take the vaccines from the PHC headquarters resulting in them not reaching the hamlets and also the difficult areas and also the Pulse Polio campaign. Supervision is not done properly at PHC level. Also there is large gap between reported and evaluated coverage.
Objectives/ Milestones/ Benchmarks	Reduction in the IMR 100 % Complete Immunization of children (12-23 month of age) 100 % BCG vaccination of children (12-23 month of age) 100% DPT 3 vaccination of children (12-23 month of age) 100% Polio 3 vaccination of children (12-23 month of age) 100% Measles vaccination of children (12-23 month of age) 100% Vitamin A vaccination of children (12-23 month of age)

Strategies	1. Strengthening the District Family Welfare Office 2. Enhancing the coverage of Immunization 3. Alternative Vaccine delivery 4. Effective Cold Chain Maintenance 5. Zero Polio cases and quality surveillance for Polio cases 6. Close Monitoring of the progress
Activities	1. Strengthening the District Family Welfare Office • Support for the mobility District Family Welfare Officer (@ Rs.3000 per month towards cost of POL) for supervision and monitoring of immunization services and MCHN Days • One computer assistant for the District Family Welfare Office will be provided for data compilation, analysis and reporting @ Rs 4500 per month. 2. Training for effective Immunization Training for all the health personnel will be given including ANMs, LHVs, FPWs, Cold chain handlers and statistical assistants for managing and analyzing data at the district. 3. Alternative vaccine delivery system (mobility support to PHCs for vaccine delivery) a. For Alternative vaccine delivery, Rs. 50 to the ANM will be given per session. It is proposed to hold one session per week per Subcentre. b. Mobility support (hiring of vehicle) is for vaccine delivery from PHC to MCHN days site where the immunization sessions are held for 8 days in a month 4. Incentive for Mobilization of children by Social Mobilizers • Rs.100 per month will be given to Social Mobilizers for each village for mobilization of children to the immunization session site. This money will be provided to ASHA wherever possible but if there is no ASHA then it will be given to someone nominated from the village by the PRIs. 6. Contingency fund for each block • Rs. 1000/ month per block will be given as contingency fund for communication. 7. Disposal of AD Syringes • For proper disposal of AD syringes after vaccination, hub cutters will be provided by Govt. of India to cut out the needles (hub) from the syringes. Plastic syringes will be separated out and will be treated as plastic waste. Regarding the disposal of needles, Pits will be formed at PHCs as per CPCB guidelines. For construction of the pits at PHCs a sum of Rs. 2000/ PHC has been provisioned. 8. Outbreak investigation • Rapid Action Team for epidemics will be formed • Dissemination of guidelines • Training of Rapid Action Team for investigating outbreaks who will in turn orient the ANMs during Sector meetings 9. Adverse effect following Immunization (AEFI) Surveillance: • Standard Guidelines have been developed at national level and will be disseminated to the district officials and block levels in Review meetings. 10. IEC & Social Mobilization Plans Discussed in details in the Component on IEC

	11. Cold Chain • Repairs of the cold chain equipment (@ 750/- per PHC & CHC will be given each year • For minor repairs, Rs. 10,000 will be given per year. • Electricity & POL for Genset & preventive maintenance (Running Cost) of Walk in Coolers (WICs) & Walk in Refrigerators (WIF) () @ 15000/equipment per two months plus Rs. 1000 per machine for POL for Genset. • Payment of electricity bills for continuous maintenance of cold chain for the PHCs @ 300 per month PHCs (vaccine distribution centers) has been budgeted under this head. • POL & maintenance of vaccine delivery van • @ Rs. 3000/month for maintenance and POL for Vaccine delivery van for regular supply of vaccine to the PHCs.
Support required	State to ensure the following: • Regular supply of vaccines and **Autodestruct syringes** • Reporting and Monitoring formats • Monitoring charts • Cold Chain Modules and monitoring formats • Temperature record books • Polythene bags to keep vaccine vials inside vaccine carrier • Polythene for the vaccines to avoid labels being damaged • Training of Cold Chain handlers • Training of Mid level managers

4.8 RNTCP (Revised National Tuberculosis Control Programme)

Situation Analysis/ Current Status

Indicators	No. / Rate
New Sputum Positive cases (NSP)	1291
Annualized new case detection rate per one lakh population	42.10/Lakhs
Total No. of patient put on treatment	3462
Annual total case detection rate per one lakh population	113/Lakhs
Cure rate of New Smear Positive cases	68%
Smear Conversion Rate	81%
Defaulter cases	6%
Failure cases	1%
Source : DTO Office	

To fight Tuberculosis the Revised National Tuberculosis Control Programme based on the DOTS regime was launched in 2006 in Siwan. Under this programme in District Siwan Tuberculosis Unit at microscopic centers were setup.

Objectives

1. 85 % Cure rate in New Cases

	2. Detection of 70% new smear positive cases once cure rate of 85% is achieved 3. Reduction in the defaulter rate to less than 5% 4. Reduction in failure rate to less than 3%
Strategies	1. Improvement in the infrastructure 2. Improvement in the quality of the intervention 3. Increasing the outreach of the programme 4. Increasing the awareness regarding Tuberculosis
Activities	1. One more DMC as per norms 2. Improvement in the quality of testing of sputum • Training to the RNTCP staff in the district • Equipment maintenance – Microscope, Computer and Others • Adequate supply of drugs **3.** Increasing the outreach of the programme by Increasing the DOTS providers through involvement of ASHAs who will be paid Rs. 250 per caser for providing services. She will be oriented regarding DOTS. Also the AWH should be involved in reporting suspicious cases. Training will be given to ASHA for identifying the suspects. 4. Increasing the awareness regarding the various issues of Tuberculosis through involvement of Rotary clubs and the Lions clubs and NGOs. Special drive for detection of cases on World TB day through the involvement fo all departments **5.** DOTS regime to be strictly monitored through the VHWSC, the PRIs and the PHC MO **6.**
Support required	Timely supply of medicines
Timeline	2010-11 1. Increasing the DOT providers through ASHAs 2. Training to RNTCP staff and ASHA 3. Awareness drives 4. Involvement of the AWW

4.9 LEPROSY

Objectives	Eradication of Leprosy
Strategies & Activities	1. Detection of New cases 2. House to house visit for detection of any cases 3. IEC for awareness regarding the symptoms and effects of Leprosy 4. Prompt treatment to all cases 5. Rehabilitation of the disabled persons 6. Distribution of Medicine kit and rubber shoes 7. Honorarium to ASHA for giving MDT

Support required	Availability of regular supply of drugs
Timeline	**2010-11** House to house detection Wide publicity Rigorous follow-up

4.10 NATIONAL MALARIA CONTROL PROGRAMME

<table>
<tr>
<td>Situation Analysis / Current Status</td>
<td>

Issues	No.	%
Total Blood Slides Examined (BSE)	7125	
Total Positive Cases: Plasmodium Vivax (Pv): Plasmodium Falciparum (Pf):	1	
Deaths:	0	

Now the Malaria program is known as National Vector Borne Disease Control programme. Under this District malaria Working Committee has been constituted and representatives from various departments are there but there is very little help from these departments. Malaria program is in maintenance phase in Siwan district.
The mosquito density of Anopheles Culifacies was found mainly from May to October whereas Anopheles Aegepti and Anopheles Stephensai were found throughout the year with a peak from April to Nov.
The main bottlenecks are related to shortage of manpower especially for the remote areas. Folloing are the descriptions of man power status.

Post Name	Sanctioned	In position	Vacant	Remarks
DMO	**1**	**0**	**1**	**All these**

</td>
</tr>
</table>

	BHI	**19**	**2**	**17**
	BHW	**53**	**6**	**47**
	Driver	**2**	**0**	**2**
	Mechanic	**1**	**0**	**1**
	Motor Cleaner	**2**	**0**	**2**
	SFW	**2**	**1**	**1**
	FW	**4**	**1**	**3**
	Peon	**2**	**1**	**1**
	Sweeper	**1**	**1**	**0**

Objectives	Reduction in SPR, API, PFR death rate
Strategies	1. Provision of additional Manpower 2. Training of personnel 3. Strengthening of Malaria clinics 4. Addressing Disease outbreak 5. Health education 6. Involvement of Private sector **7.** Innovative methods of Mosquito control
Activities	1. Provision of additional Manpower • Hiring of personnel till regular staff in place 2. Training of personnel The MOs, Laboratory Technicians, ANMs, ASHAs will be trained in various techniques relating to the job 3. Strengthening of Malaria clinics • Provision of Proper equipment and reagents – Fogging machines, sprayers, • Provision of Jeep, 4. Addressing Disease outbreak • District Outbreak teams will be created at the district headquarter • In the team MO, LT, one field worker • Provision of mobility, Lab equipments, spray equipment 5. Health education to the community through the ANMs, AWW, ASHAs, RMPs, Ayush personnel

	6. Involvement of Private sector: The private practitioners will be closely involved
Support required	• Availability of supplies • Filling up of vacancies • Supply of health Education material
Timeline	(see timeline table below)

Activity / Item	2010-11
Hiring Contractual Staff	x
Purchase of Jeep	x
Fogging & Spraying	x
Hoardings	19 PHC, 1 SH 55 APHC
IEC activities	X

4.11 BLINDNESS CONTROL PROGRAMME

D-5. BLINDNESS CONTROL PROGRAMME

Situation Analysis/ Current Status

Indicators	No.
Total Cataract surgery performed	4467
Cataract surgery with IOL	1567
School going children screened	0
Children detected with refractive error	0
Children provided with free corrective spectacles	0

Eye Care is being provided through the Sadar Hospital, There are 3 Ophthalmic Assistants in the district posted at Sadar Hospitals and BPHC don't have Ophthalmologists. The norm for GOI is 1 eye surgeon for a population of one lakh. Hence in this district at least 32 Eye Surgeons are required. The norm for Ophthalmologist to Ophthalmic Assistant is 1: 3-4

Data is not available regarding this from Private sector.

The numbers of surgeries need to be at least triple to tackle the blindness due to Cataract.

There is no Eye Bank or Eye donation center in District Siwan. The nearest Eye Bank is at PMCH Patna.

Objectives

1. Reduction in the Prevalence Rate of blindness to 0.5 %
2. Decrease in the Prevalence Rate of Childhood blindness to 0.6 % per 1000 children by 2010
3. Usage of IOL in 95% of Cataract operations

Strategies

1. Provision of high quality Eye Care
2. Expansion of coverage
3. Reduce the backlog of blindness
4. Development of institutional capacity for eye care services

<table>
<tr><td>Activities</td><td>
1. Determining the prevalence of Cataract through a study by an external agency.
• One time house-to-house survey for study of prevalence of vision defects and Cataract of entire population leading to referrals and appropriate case management including cataract surgeries
2. Increasing the number of Ophthalmologists either by hiring or through involvement of Private Sector.
3. Training in IOL to Ophthalmologists
4. Training of Paramedical staff and Teachers, NGOs, Patwaris and AWW for screening of school children and IEC activities.
5. AMC for all equipment will be done.
6. Equipment
• Repair of Synaptophore and Operating Microscope
• Purchase of Ophthalmic Chair, Slit Lamp, Operating Microscope, Synaptophore, A Scan biometry, Keratometer, Direct and Indirect Ophthalmoscope
7. Construction of Eye Unit in Hospitals and later PHCs
8. Supply of basic Eye medicines like eye drops, eye ointments and consumables for Primary Eye Care in PHCs/CHCs.
9. All PHCs and CHCs to be developed for vision screening and basic eye care
<table>
<tr><td>Eye Care centre</td><td>Vision Centre</td><td>Screening</td></tr>
<tr><td>Eye Surgeon</td><td>Primary Eye Care</td><td>Identify Blind</td></tr>
<tr><td>Treatment of eye conditions and follow-up</td><td>Vision Test</td><td>Maintain Blind Register</td></tr>
<tr><td>Training</td><td>Screening Eye Camps</td><td>Motivator</td></tr>
<tr><td>Supervision</td><td>Referral for surgery</td><td>Referral</td></tr>
</table>
10. Blind Register to be filled up by the AWW, together with PRIs
11. Eye Camps with the involvement of Private sector and NGOs
12. School Eye Screening sessions
13. IEC activities
</td></tr>
<tr><td>Support required</td><td>Procurement of latest equipment for hospitals by GOI
Timely Repair of equipment</td></tr>
<tr><td>Timeline</td><td>2010-11
Health Mela
Development of PHCs as Vision Centres
Development of Sadar Hospital Siwan as Eye Unit
School Screening
Cataract Camps</td></tr>
</table>

4.12 VITAMIN-A SUPPLEMENTATION PROGRAMME

Background

The National Policy Guidelines on Vitamin-A Supplementation Program of MoH&FW, GoI recommends that children of age group 9 months to 5 years should receive two doses of Vitamin at 6 months interval which is considered adequate. These months would have intensive activities during which it was suggested that health sub-center level workers in close coordination with the ICDS workers and ASHAs will deliver services in the given month as per detailed micro-plans.

The National Workshop on Micronutrients organized by ICMR on the 24-25 November 2003 which recommended that Biannual Child Health and Nutrition Promotion Months be held, six months apart i.e. usually in April/May and October/November which would offer a package of child health & nutrition services of which Vitamin-A supplementation of target children would be an integral part.

Biannual Child Health Package of Services

1. **Vitamin-A Supplementation:** Provide prophylactic dose of Vitamin-A solution to all children between 9 months to 5 years. The recommended dosage schedule is as under:
    a. The 1st dose 1, 00,000 I.U. (1 ml or half spoon) is given with routine measles immunization at 9 months completed age;
    b. The 2nd dose 2, 00,000 I.U. (2ml or full spoon) is given with first DPT/OPV booster (16-18 months) and
    c. The next 7 doses (each dose 2 ml or full spoon) are given after every 6 months up to 5yrs of age.
2. **Promotion of Breast feeding and timely introduction of complementary feeding :** Accelerating community participation and BCC on components of breast-feeding, i.e.
    a. Early Initiation
    b. Exclusive Breastfeeding
    c. Introduction of Complimentary feeding at the age of 6 months

Coverage Pattern

The biannual round initiated in the year 2008 by the Government of Bihar, the district has reported coverage of 97.1% in June, 08 round & 92.3% in Dec, 08 round. The DLHS 3 has

reported an over all coverage of 70.3 % of vitamin A within the age group of 9m-35 months.

It will continue to improve and cover more than 95% of children on a sustainable basis with 2 doses a year. It is expected to gain significant reductions in Vitamin-A Deficiency and in turn would reduce Under Five Mortality Rates (U5MR) over time.

Problematic Areas

Objective:-

1. Achieve universal coverage of 9 doses of Vitamin-A
2. Reduce the prevalence of night blindness to below 1% and Bitots spots to below 0.5% in children 6 months to 6 years age.
3. Eliminate Vitamin-A deficiency as public health problem.

Strategies:

1. Biannual Rounds of Vitamin-A Supplementation in fixed months, i.e. April & October every year.
2. To Cover the Children through 4 days Strategy

   Day 1- Cover children of 9m-5yrs at site i.e. AWCs/ HSCs/ APHCs/ PHCs

   Day 2- Cover children of 9m-5yrs through house to house visits

   Day 3- Cover children of 9m-5yrs at site i.e. AWCs/ HSCs/ APHCs/ PHCs

   Day 4- Cover children of 9m-5yrs through house to house visit: mopping-up

***Gaps**:*

1. Infrastructure - Urban strategy for Identification of stakeholders and service providers in urban agglomerations, slums, notified areas to cover left out children residing in areas devoid of health & ICDS infrastructure.
2. Manpower- Lack of skilled manpower for implementation of program
3. Drugs- a) Non-supply of RCH Kit-A for ensuring first dose of Vitamin-A along with the measles vaccination at 9 months.

   b) Procurement of Vitamin-A bottles by the district for biannual rounds
4. Reporting– Lack of coordination among health & ICDS workers for report returns & existing MIS (form-VI)

5. Monitoring- Lack of joint monitoring & supervision plans & manpower

Activities:

1. Updation of Urban and Rural site micro –plan before each round.
2. Improving intersectional coordination to improve coverage
3. Capacity building of service provider and supervisors
4. Bridging gaps in drug supplies
5. Urban Planning for Identification of Urban site and urban stakeholder
6. Human resource planning for Universal coverage
7. Intensifying IEC activities for Community mobilization
8. Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure
9. Strong monitoring and supervision in Urban areas

Sl.No.	Activities	Unit	Total units	Unit cost for 1 Round @ Rs.
1	2	3	4	5
I.	**Micro Planning**			
	Orientation, Stationary, Data compilation, Validation, Up-dating	19 PHC and 3 Urban Units= 22 units	22	1000
II.	**Inter-sectoral Co-ordination and Convergence**			
	Constitution of District level Task Force, and organizing meetings of District coordination committee	1	1	5000
	Constitutions Task Force, and organizing meetings of Block coordination committee	19	19	1500
III.	**Capacity Building**			
	Training and Capacity Building of Service Providers	19 PHC and 3 Urban Units= 22 units	22	5000
IV.	**Urban Health Intervention Strategy**			
	Strategy Planning Meetings, Orientations of Stakeholders & Volunteers, Resource Planning, Site-management	3 Municipal Area	3	5000
	Orientation of Urban Supervisors	1 Municipal Area	1	2500
V.	**Human Resource**			
	Honorarium to Urban vaccinators	150 Urban sites	150	100

	Honorarium to Volunteers, AWWs, ASHA to function as service provider	2618 AWWs/ASHAs/ and 10% of AWC-Volunteers= (2618+2618*10%)	2880	100
	Honorarium to the Urban Supervisor	1 Supervisor / 10 sites	15	400
VI.	**Management Information System for Monitoring VAS Program**			
	Availability of Immunization cards [JBR Cards ,Reporting Formats, Record & Registers,	19 PHC & 1 urban area	20	10000
VI.	**Logistics and Procurement**			
	Need Assessment and Procurement of Vitamin- A Syrup [Children 9m-5yrs =4,79,542 children	9221 VA bottles	9,221	52
	Mobility Support for Carrying Vitamin A bottles from district to PHCs	19 PHC & 1 urban area	20	3000
VII.	**IEC/BCC**			
	Posters, Banners, Flexes, etc	19 PHC & 3 Municipal area urban area	22	10000
IX.	**Program Monitoring and Review**			
	Mobility Support : Hiring of Vehicles & POL	19 PHC & 1 urban area	20	6000

CHAPTER 5

Budget (2010-11)

5.1 Institution wise Budget 2010-11

5.1.1 PHC Ander

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	2200000	2750000	
2	Child Health	0	0	
3	Family Planning	600993	751241	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	662185	827731	
10	Institutional Strengthen	75966	94958	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**3539144**	**4423930**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1056291	1320363	
2	Infrastructure	100000	125000	
3	Contractual Man power	1276865	1596081	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0		
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain	10000	12500	

	Infrastructure			
10	Preparation of DHAP	0	0	
11	Mainstreaming Ayush NRHM	0	0	
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**2443156**	**3053944**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	252000	315000	
2	Pulse Polio	653711	817138	
	Total	**905711**	**1132138**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Ander 2010-11

SL. No.	Part Name	2009-10	2010-11	Remarks
1	PART A	3539144	4423930	
2	PART B	2443156	3053944	
3	PART C	905711	1132138	
4	PART D	0	0	
	Total	**6888011**	**8610013**	

5.1.2 PHC Barharia

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	6000000	7500000	
2	Child Health	0	0	
3	Family Planning	1639073	2048841	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1805960	2257450	
10	Institutional Strengthen	207179	258974	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**9652212**	**12065265**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	2880795	3600994	
2	Infrastructure	100000	125000	
3	Contractual Man power	3482359	4352949	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	

11	Mainstreaming Ayush NRHM	0	0	
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**6473154**	**8091443**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	302000	377500	
2	Pulse Polio	1569114	1961392	
	Total	**1871114**	**2338892**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	0	0	

Total Budget for Barharia 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	9652212	12065265	
2	PART B	6473154	8091443	
3	PART C	1871114	2338892	
4	PART D	0	0	
	Total	**17996480**	**22495600**	

5.1.3 PHC Basantpur

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	2000000	2500000	
2	Child Health	0	0	
3	Family Planning	546358	682948	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	601987	752484	
10	Institutional Strengthen	69060	86325	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**3217405**	**4021757**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	960265	1200331	
2	Infrastructure	100000	125000	
3	Contractual Man power	1160786	1450982	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment0	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**2231051**	**2788813**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	272000	340000	
2	Pulse Polio	636427	795534	
	Total	**908427**	**1135534**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Basantpur 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	3217405	4021757	
2	PART B	2231051	2788813	
3	PART C	908427	1135534	
4	PART D	0	0	
	Total	**6356883**	**7946104**	

5.1.4 PHC Bhagwanpur

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	4000000	5000000	
2	Child Health	0	0	
3	Family Planning	1092715	1365894	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health		0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1203974	1504968	
10	Institutional Strengthen	138119	172649	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**6434808**	**8043511**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1920530	2400662	
2	Infrastructure	100000	125000	
3	Contractual Man power	2321572	2901965	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment0	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**4352102**	**5440127**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	247000	308750	
2	Pulse Polio	1026986	1283733	
	Total	**1273986**	**1592483**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Bhagwanpur 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	6434808	8043511	
2	PART B	4352105	5440127	
3	PART C	1273986	1592483	
4	PART D	0	0	
	Total	**12060896**	**15076121**	

5.1.5 PHC Darauli

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3600000	4500000	
2	Child Health	0	0	
3	Family Planning	983444	1229305	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1083576	1354470	
10	Institutional Strengthen	124307	155384	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**5791327**	**7239159**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1728477	2160596	
2	Infrastructure	100000	125000	
3	Contractual Man power	2089415	2611769	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	

11	Mainstreaming Ayush NRHM	0	0	
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3927892**	**4909865**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	262000	327500	
2	Pulse Polio	1005852	1257315	
	Total	**1267852**	**1584815**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Darauli 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	5791327	7239159	
2	PART B	3927892	4909865	
3	PART C	1267852	1584815	
4	PART D	0	0	
	Total	**10987071**	**13733839**	

5.1.6 PHC Daraunda

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3200000	4000000	
2	Child Health	0	0	
3	Family Planning	874172	1092715	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	963179	1203974	
10	Institutional Strengthen	110495	138119	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**5147846**	**6434808**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1536424	1920530	
2	Infrastructure	100000	125000	
3	Contractual Man power	1857258	2321572	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3503682**	**4379602**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	272000	340000	
2	Pulse Polio	914856	1143570	
	Total	**1186856**	**1483570**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Daraunda 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	5147846	6434808	
2	PART B	3503682	4349602	
3	PART C	1186856	1483570	
4	PART D	0	0	
	Total	**9838384**	**12297980**	

5.1.7 PHC Goriyakothi

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	4200000	5250000	
2	Child Health	0	0	
3	Family Planning	1147351	1434189	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1264172	1580215	
10	Institutional Strengthen	145025	181281	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**6756548**	**8445685**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	2016556	2520695	
2	Infrastructure	100000	125000	
3	Contractual Man power	2437651	3047064	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**4564207**	**5705259**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	302000	377500	
2	Pulse Polio	1127118	1408898	
	Total	**1429118**	**1786398**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Goriyakothi 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	6756548	8445685	
2	PART B	4564207	5705259	
3	PART C	1429118	1786398	
4	PART D	0	0	
	Total	**12749873**	**15937342**	

5.1.8 PHC Guthani

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	2400000	3000000	
2	Child Health	0	0	
3	Family Planning	655629	819536	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	722384	902980	
10	Institutional Strengthen	82872	103590	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**3860885**	**4826106**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1152318	1440398	
2	Infrastructure	100000	125000	
3	Contractual Man power	1392943	1741179	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment0	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**2655261**	**3319077**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	262000	327500	
2	Pulse Polio	808011	1010014	
	Total	**1070011**	**13375514**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Guthani 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	3860885	4826106	
2	PART B	2655261	3319077	
3	PART C	1070011	1337514	
4	PART D	0	0	
	Total	**7586157**	**9482697**	

5.1.9 PHC Hassanpura

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3000000	3750000	
2	Child Health	0	0	
3	Family Planning	819536	1024420	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	902980	1128725	
10	Institutional Strengthen	103589	129486	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**4826105**	**6032631**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1440397	1800496	
2	Infrastructure	100000	125000	
3	Contractual Man power	1741179	2176474	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3291576**	**4114470**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	0	0	
2	Pulse Polio	872767	1090959	
	Total	**872767**	**1090959**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Hassanpura 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	4826105	6032631	
2	PART B	3291576	4114470	
3	PART C	872767	1090959	
4	PART D	0	0	
	Total	**8990448**	**11238060**	

5.1.10 PHC Hussaingunj

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3400000	4250000	
2	Child Health	0	0	
3	Family Planning	928808	1161010	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1023377	1279221	
10	Institutional Strengthen	117401	146752	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**5469586**	**6836983**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1632450	2040563	
2	Infrastructure	100000	125000	
3	Contractual Man power	1973337	2466671	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3715787**	**4644734**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	277000	346250	
2	Pulse Polio	904220	1130275	
	Total	**1181220**	**1476525**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Hussainngunj 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	5469586	6836983	
2	PART B	3715787	4644734	
3	PART C	1181220	1476525	
4	PART D	0	0	
	Total	**10366593**	**12958242**	

5.1.11 PHC Lakrinabiganj

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	2400000	3000000	
2	Child Health	0	0	
3	Family Planning	655629	819536	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	722384	902980	
10	Institutional Strengthen	82872	103590	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**3860885**	**4826106**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1152318	1440398	
2	Infrastructure	100000	125000	
3	Contractual Man power	1392943	1741179	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**2655261**	**3319077**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	0	0	
2	Pulse Polio	685147	856434	
	Total	**685147**	**856434**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Lakrinabiganj 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	3860885	4826106	
2	PART B	2655261	3319077	
3	PART C	685147	856434	
4	PART D	0	0	
	Total	**7201293**	**9001617**	

5.1.12 PHC Maharajganj

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3600000	4500000	
2	Child Health	0	0	
3	Family Planning	983444	1229305	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1083576	1354470	
10	Institutional Strengthen	124307	155384	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**5791327**	**7239159**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1728477	2160596	
2	Infrastructure	100000	125000	
3	Contractual Man power	2089415	2611769	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3927892**	**4909865**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	277000	346250	
2	Pulse Polio	1062582	1328228	
	Total	**1339582**	**1674478**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Maharajganj 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	5791327	7239159	
2	PART B	3927892	4909865	
3	PART C	1339582	1674478	
4	PART D	0	0	
	Total	**11058801**	**13823502**	

5.1.13 Referral Hospital, Mairwa

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	2200000	2750000	
2	Child Health	0	0	
3	Family Planning	600993	751241	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	662185	827731	
10	Institutional Strengthen	75966	94957	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**3539144**	**4423929**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1056291	1320364	
2	Infrastructure	100000	125000	
3	Contractual Man power	1276865	1596081	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**2443156**	**3053945**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	302000	377500	
2	Pulse Polio	687961	859951	
	Total	**989961**	**1237451**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Referral Hospital Mairwa 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	3539144	4423929	
2	PART B	2443156	3053945	
3	PART C	989961	1237451	
4	PART D	0	0	
	Total	**6972261**	**8715325**	

5.1.14 PHC Nautan

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	1600000	2000000	
2	Child Health	0	0	
3	Family Planning	437086	546358	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	481589	601986	
10	Institutional Strengthen	55248	69060	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**2573923**	**3217404**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	768212	960265	
2	Infrastructure	100000	125000	
3	Contractual Man power	928629	1160786	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**1806841**	**2258551**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	0	0	
2	Pulse Polio	515251	644064	
	Total	**515251**	**644064**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Nautan 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	2573923	3217404	
2	PART B	1806841	2258551	
3	PART C	515251	644064	
4	PART D	0	0	
	Total	**4896015**	**6120019**	

5.1.15 PHC Pachrukhi

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3800000	4750000	
2	Child Health	0	0	
3	Family Planning	1038079	1297599	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1143775	1429719	
10	Institutional Strengthen	131213	164016	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**6113067**	**7641334**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1824503	2280629	
2	Infrastructure	100000	125000	
3	Contractual Man power	2205494	2756868	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**4139997**	**5174997**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	277000	346250	
2	Pulse Polio	1011130	1263912	
	Total	**1288130**	**1610162**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Pachrukhi 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	6113067	7641334	
2	PART B	4139997	5174997	
3	PART C	1288130	1610162	
4	PART D	0	0	
	Total	**11541194**	**14426493**	

5.1.16 Referral Hospital Raghunathpur

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3000000	3750000	
2	Child Health	0	0	
3	Family Planning	819536	1024420	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	902980	1128725	
10	Institutional Strengthen	103589	129486	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**4826105**	**6032631**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1440397	1800496	
2	Infrastructure	100000	125000	
3	Contractual Man power	1741179	2176474	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3291576**	**4114470**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	272000	340000	
2	Pulse Polio	873918	1092398	
	Total	**1145918**	**1432398**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Referral Hospital Raghunathpur 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	4826105	6032631	
2	PART B	3291576	4114470	
3	PART C	1145918	1432398	
4	PART D	0	0	
	Total	**9263599**	**11579499**	

5.1.17 PHC Sadar Block

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	0	0	
2	Child Health	0	0	
3	Family Planning	1038079	1297599	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	1143775	1429719	
10	Institutional Strengthen	131213	164016	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**2313067**	**2891334**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1824503	2280629	
2	Infrastructure	100000	125000	
3	Contractual Man power	2205494	2756868	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**4139997**	**5174997**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	110000	137500	
2	Pulse Polio	1070494	1338118	
	Total	**1180494**	**1475618**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Sadar Block 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	2313067	2891334	
2	PART B	4139997	5174997	
3	PART C	1180494	1475618	
4	PART D	0	0	
	Total	**7633558**	**9541949**	

5.1.18 Referral Hospital Siswan

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	2800000	3500000	
2	Child Health	0	0	
3	Family Planning	764901	956126	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	842781	1053476	
10	Institutional Strengthen	96683	120854	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**4504365**	**5630456**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1344371	1680464	
2	Infrastructure	100000	125000	
3	Contractual Man power	1625102	2031378	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3079473**	**3849342**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	247000	308750	
2	Pulse Polio	834447	1043059	
	Total	**1081447**	**1351809**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Referral Hospital Siswan 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	4504365	5630456	
2	PART B	3079473	3849342	
3	PART C	1081447	1351809	
4	PART D	0	0	
	Total	**8665285**	**10831607**	

5.1.19 PHC Ziradei

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	3200000	4000000	
2	Child Health	0	0	
3	Family Planning	874172	1092715	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	963179	1203974	
10	Institutional Strengthen	110495	138119	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**5147846**	**6434808**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1536424	1920530	
2	Infrastructure	100000	125000	
3	Contractual Man power	1857258	2321572	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	10000	12500	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**3503682**	**4379602**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	0	0	
2	Pulse Polio	910696	1138370	
	Total	**910696**	**1138370**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Ziradei 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	5147846	6434808	
2	PART B	3503682	4379602	
3	PART C	910696	1138370	
4	PART D	0	0	
	Total	**9562224**	**11952780**	

5.1.20 Sadar Hospital

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	17932729	22415911	
2	Child Health	0	0	
3	Family Planning	259266	324082	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	688576	860720	
10	Institutional Strengthen	0	0	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**18880571**	**23600713**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	0	0	
2	Infrastructure	500000	625000	
3	Contractual Man power	2000000	2500000	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	0	0	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**2500000**	**3125000**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	0	0	
2	Pulse Polio	0	0	
	Total	**0**	**0**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Sadar Hospital 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	18880571	233600713	
2	PART B	2500000	3125000	
3	PART C	0	0	
4	PART D	0	0	
	Total	**21380571**	**26725713**	

5.1.21 Urban Area

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	0	0	
2	Child Health	0	0	
3	Family Planning	0	0	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	300000	375000	
10	Institutional Strengthen	0	0	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0		
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**300000**	**375000**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	0	0	
2	Infrastructure	0	0	
3	Contractual Man power	0	0	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	0	0	
10	Preparation of Health Action plan	0	0	
11	Mainstreaming Ayush	0	0	

	NRHM			
12	RCH Procurement of Equipment0	0	0	
13	Continuing 0Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**0**	**0**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	0	0	
2	Pulse Polio	1581447	1976809	
	Total	**1581447**	**1976809**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for Urban 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	300000	375000	
2	PART B	0	0	
3	PART C	1581447	1976809	
4	PART D	0	0	
	Total	**1881447**	**2351809**	

5.1.22 RCH Office

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	0	0	
2	Child Health	0	0	
3	Family Planning	0	0	
4	Arsh	0	0	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	0	0	
9	Infrastructure	0	0	
10	Institutional Strengthen	0	0	
11	Training	0	0	
12	BCC/IEC for NRHM Part A,B,C	0	0	
13	Procurement of equipment & instrument	0	0	
14	Program Management	0	0	
	Total	**0**	**0**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	0	0	
2	Infrastructure	0	0	
3	Contractual Man power	0	0	
4	PPP initiation	0	0	
5	Procurement of supplies	0	0	
6	Procurement of Drugs	0	0	
7	Mobilization & Management	0	0	
8	HMIS	0	0	
9	Strengthen of Cold Chain Infrastructure	0	0	
10	Preparation of Health Action plan	0	0	

11	Mainstreaming Ayush NRHM	0	0	
12	RCH Procurement of Equipment	0	0	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**0**	**0**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	517200	646500	
2	Pulse Polio	160075	200094	
	Total	**677275**	**846594**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	0	0	
2	Kala-Azar	0	0	
3	MDA Fileria	0	0	
4	RNTCP	0	0	
5	Blindness	0	0	
6	IDSP	0	0	
7	NIDDCP	0	0	
	Total	**0**	**0**	

Total Budget for RCH 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	0	0	
2	PART B	0	0	
3	PART C	677275	846594	
4	PART D	0	0	
	Total	**677275**	**846594**	

5.1.23 DHS

PART A

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Maternal Health	0	0	
2	Child Health	5080771	6350964	
3	Family Planning	1500000	1875000	
4	Arsh	25000	31200	
5	Urban RCH	0	0	
6	Tribal Health	0	0	
7	Vulnerable Group	0	0	
8	Innovation PPP	478424	598030	
9	Infrastructure	475000	593750	
10	Institutional Strengthen	0	0	
11	Training	5561500	6951875	
12	BCC/IEC for NRHM Part A,B,C	1640000	2050000	
13	Procurement of equipment & instrument	132895	166119	
14	Program Management	1818526	2273158	
	Total	**16712116**	**20890146**	

PART B

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Decent ration	1821157	2276446	
2	Infrastructure	46965000	58706250	
3	Contractual Man power	0	0	
4	PPP initiation	7928300	9910375	
5	Procurement of supplies	1428834	1786043	
6	Procurement of Drugs	3230480	4038100	
7	Mobilization & Management	0	0	
8	HMIS	16750	20938	
9	Strengthen of Cold Chain Infrastructure	700000	875000	
10	Preparation of Health Action plan	100000	125000	
11	Mainstreaming Ayush	9302400	11628000	

	NRHM			
12	RCH Procurement of Equipment	10961519	13701899	
13	Continuing Medical & Nursing Education	0	0	
14	Additionalities for NVBDCP under NRHM	0	0	
	Total	**82454440**	**103068050**	

PART C

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	RI	2335705	2919631	
2	Pulse Polio	380510	475638	
	Total	**2716215**	**3395269**	

PART D

SL. No.	Head Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	664125	830156	
2	Kala-Azar	8598822	10748528	
3	MDA Fileria	1372098	1715123	
4	RNTCP	7221250	9026563	
5	Blindness	526021	657526	
6	IDSP	876538	1095673	
7	NIDDCP	68702	85878	
	Total	**19327556**	**24159447**	

Total Budget for DHS 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	16712116	20890146	
2	PART B	82454440	103068050	
3	PART C	2716215	3395269	
4	PART D	19327556	24159447	
	Total	**121210327**	**151512922**	

5.2 District Budget at a glance

PART A

SL. No.	Institution/PHC Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1.	PHC Ander	3539144	4423930	
2.	PHC Barharia	9652212	12065265	
3.	PHC Basantpur	3217405	4021757	
4.	PHC Bhagwanpur	6434808	8043511	
5.	PHC Darauli	5791327	7239159	
6.	PHC Daraunda	5147846	6434808	
7.	PHC Goriakothi	6756548	8445685	
8.	PHC Guthani	3860885	4826106	
9.	PHC Hassanpura	4826105	6032631	
10.	PHC Hussaingunj	5469586	6836983	
11.	PHC Lakrinabigunj	3860885	4826106	
12.	PHC Maharajgunj	5791327	7239159	
13.	Referral Hospital Mairwa	3539144	4423929	
14.	PHC Nautan	2573923	3217404	
15.	PHC Pachrukhi	6113067	7641334	
16.	Referral hospital Raghunathpur	4826105	6032631	
17.	PHC Sadar Block	2313067	2891334	
18.	Referral hospital Siswan	4504365	5630456	
19.	PHC Ziradei	5147846	6434808	
20.	Sadar Hospital	18880571	23600713	
21.	Urban Area	300000	375000	
22.	RCH Office	0	0	
23.	DHS	16712116	20890146	
	Total	**129258282**	**161572855**	

PART B

SL. No.	Institution/PHC Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1.	PHC Ander	2443156	3053944	
2.	PHC Barharia	6473154	8091443	
3.	PHC Basantpur	2231051	2788813	
4.	PHC Bhagwanpur	4352102	5440127	
5.	PHC Darauli	3827892	4909865	
6.	PHC Daraunda	3503682	4379602	
7.	PHC Goriakothi	4564207	5705259	
8.	PHC Guthani	2655261	3319077	
9.	PHC Hassanpura	3291567	4114470	
10.	PHC Hussaingunj	3715787	4644734	
11.	PHC Lakrinabigunj	2655261	3319077	
12.	PHC Maharajgunj	3927892	4909865	
13.	Referral Hospital Mairwa	2443156	3053945	
14.	PHC Nautan	1806841	2258551	
15.	PHC Pachrukhi	4139997	5174997	
16.	Referral hospital Raghunathpur	3291576	4114470	
17.	PHC Sadar Block	4139997	5174997	
18.	Referral hospital Siswan	3079473	3849342	
19.	PHC Ziradei	3503682	4379602	
20.	Sadar Hospital	2500000	3125000	
21.	Urban Area	0	0	
22.	RCH Office	0	0	
23.	DHS	82454440	103068050	
	Total	**151000174**	**188875230**	

PART C

SL. No.	Institution/PHC Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1.	PHC Ander	905711	1132138	
2.	PHC Barharia	187114	2338892	
3.	PHC Basantpur	908427	1135534	
4.	PHC Bhagwanpur	1273986	1592483	
5.	PHC Darauli	1267852	1584815	
6.	PHC Daraunda	1186856	1483570	
7.	PHC Goriakothi	1429118	1786398	
8.	PHC Guthani	1070011	1337514	
9.	PHC Hassanpura	872767	1090959	
10.	PHC Hussaingunj	1181220	1476525	
11.	PHC Lakrinabigunj	685147	856434	
12.	PHC Maharajgunj	1339582	1674478	
13.	Referral Hospital Mairwa	989961	1237451	
14.	PHC Nautan	515251	644064	
15.	PHC Pachrukhi	1288130	1610162	
16.	Referral hospital Raghunathpur	1145918	1432398	
17.	PHC Sadar Block	1180494	1475618	
18.	Referral hospital Siswan	1081447	1351809	
19.	PHC Ziradei	910696	1138370	
20.	Sadar Hospital	0	0	
21.	Urban Area	1581447	1976809	
22.	RCH Office	677275	846594	
23.	DHS	2716215	3395269	
	Total	**24394625**	**32598284**	

PART D

SL. No.	Institution/PHC Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	Leprosy	664125	830156	
2	Kala-Azar	8598822	10748528	
3	MDA Fileria	1372098	1715123	
4	RNTCP	7221250	9026563	
5	Blindness	526021	657526	
6	IDSP	876538	1095673	
7	NIDDCP	68702	85878	
	Total	**19327556**	**24159447**	

Total Budget for District 2010-11

SL. No.	Part Name	2009-10 (Sanctioned)	2010-11 (Proposed)	Remarks
1	PART A	129258282	161572855	
2	PART B	151000174	188875230	
3	PART C	24394625	32598284	
4	PART D	19327556	24159447	
	Total	**32,39,80,637**	**40,72,05,816**	